Will his return to work mean the return of undue psychic tension?



When it's mandatory to keep the postcoronary patient calm, consider Valium (diazepam).

Although he's promised to take it easy back on the job, you know he's going back to the same stressful circumstances that may have contributed to his hospitalization. If he experiences excessive anxiety and tension because of overreaction to stress, your prescription for Valium can bring relief. During the period of readjustment Valium can quiet undue anxiety.

For moderate states of psychic tension, 5-mg or 2-mg Valium tablets b.i.d. to q.i.d. can usually provide reliable relief. For severe tension/anxiety

states, the 10-mg tablets often produce desired results.

The most commonly reported side effects are drowsiness, ataxia and fatigue. Until individual response is determined, caution patient against driving or operating dangerous machinery.

Valium[®] (diazepam)

For the tense cardiac patient who must be kept calm

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving

appropriate therapy Warnings: Not of value in psychotic

patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures.

Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation or women of child bearing age, weigh potential benefit against possible hazard.

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to

preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision.

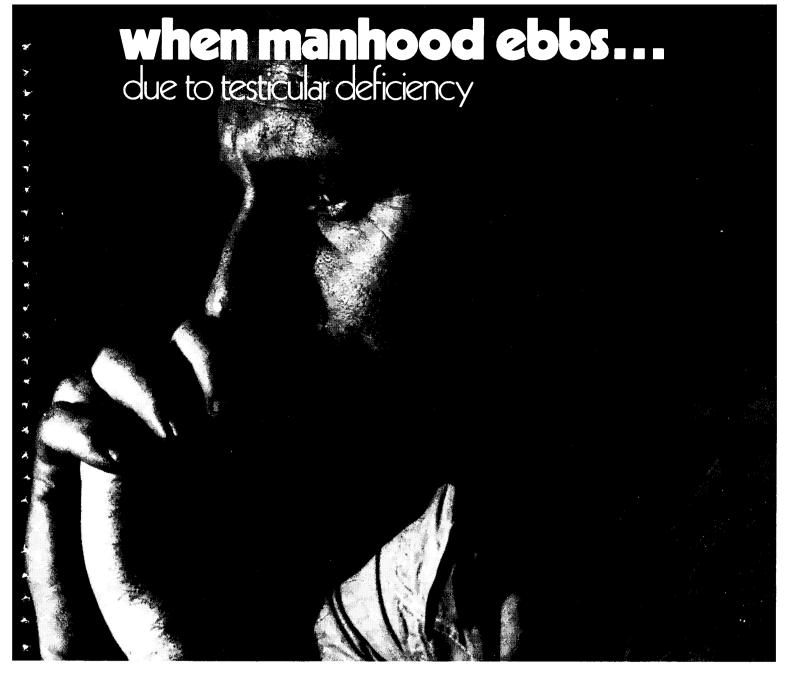
Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function

tests advisable during long-term therapy. **Dosage:** Individualize for maximum beneficial effect. Adults: Tension, anxiety and psychoneurotic states, 2 to 10 mg b.i.d. to q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; adjunctively in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d.; adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. Geriatric or debilitated patients: 2 to 2½ mg, 1 or 2 times daily initially, increasing as needed and tolerated (See Precautions.) Children: 1 to 21/2 mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under

Supplied: Valium® (diazepam)
Tablets, 2 mg, 5 mg and 10 mg; bottles of 100 and 500. All strengths also available in Tel-E-Dose ® packages of 1000.



Roche Laboratories Division of Hoffmann-La Roche Inc. Nutley, N.J. 07110



Halotestin 5 mg tablets fluoxymesterone, Upjohn oral hormone replacement with parenteral-like potency

Halotestin® Tablets -- 2, 5 and 10 mg (fluoxymesterone Tablets, U.S.P., Upjohn)

Indications in the male: Primary indication in the male is replacement therapy. Prevents the development of atrophic changes in the accessory male

sex organs following castration:

1. Primary eunuchoidism and eunuchism. 2. Male Primary eunuchoidism and eunuchism. 2. Male climacteric symptoms when these are secondary to androgen deliciency. 3. Those symptoms of panhypopituitarism related to hypogonadism. 4. Impotence due to androgen deficiency. 5. Delayed puberty, provided it has been definitely established as such, and it is not just a familial trait. In the female: 1. Prevention of postpartum breast manifestations of pain and engorgement. 2. Palliation of androgen-responsive, advanced, inoperable female breast cancer in women who are more.

able female breast cancer in women who are more than 1, but less than 5 years post-menopausal of JA71-1008R

who have been proven to have a hormone-dependent tumor, as shown by previous beneficial response to castration.

response to castration.

Contraindications: Carcinoma of the male breast.
Carcinoma, known or suspected, of the prostate.
Cardiac, hepatic or renal decompensation. Hypercalcemia. Liver function impairment. Prepubertal males. Pregnancy.

males. Pregnancy.

Warnings: Hypercalcemia may occur in immobilized patients, and in patients with breast cancer. In patients with cancer this may indicate progression of bony metastasis. If this occurs the drug should be discontinued. Watch female patients closely for signs of virilization. Some effects may not be reversible. Discontinue if cholestatic hepaties with jaunding appears or liver tasts become titis with jaundice appears or liver tests become

Precautions: Patients with cardiac, renal or hepatic derangement may retain sodium and water thus forming edema. Priapism or excessive sexual

thus forming edema. Priapism or excessive sexual stimulation, oligospermia, reduced ejaculatory volume, hypersensitivity, and gynecomastia may occur. When any of these effects appear the androgen should be stopped.

Adverse Reactions: Acne. Decreased ejaculatory volume. Gynecomastia. Edema. Hypersensitivity, including skin manifestations and anaphylacold reactions. Priapism. Hypercalcemia (especially in immobile patients and those with metastatic breast carcinoma). Virilization in females. Cholestatic

How Supplied

How Supplied
2 mg - bottles of 100 scored tablets.
5 mg - bottles of 50 scored tablets.
10 mg - bottles of 50 scored tablets.
For additional product information, see your Upjohn representative or consult the package.

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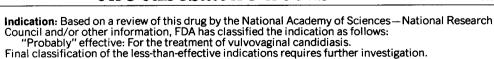
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After you write your prescription for two tubes of soothing, fungicidal Sporostacin Cream, tell your patient not to be fooled by the quick relief of symptoms it affords. Make sure she knows how to use it as directed—for the *full* 14-day course of therapy. Then, on follow-up, you'll usually find that nonstaining, easy-to-use Sporostacin Cream has finished off vulvovaginal candidiasis in the nicest possible way.





Contraindications: None known. **Precautions:** Cases of sensitization and irritation have been reported. When noted the drug should be discontinued. **Dosage:** One applicatorful intravaginally twice daily for a period of 14 days. Course of therapy may be repeated if necessary.

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CMA/Foundation Liaison (One year terms) Jean F. Crum Downey Thomas N. Elmendorf, Willows E. Kash Rose, Napa

Three Foundation Officers to be appointed

Committee on Comprehensive Health Planning

(One year terms) (One year terms)
George C. Andersen, Hermosa Beach
Gerald Besson, Sunnyvale
Albert G. Clark, San Francisco
Roy R. Deffebach, Burlingame
Harry Lee, San Francisco
Jane F. Lee, San Francisco
Jane F. Lee, San Francisco
James C. Malcolm, Oakland
Calvin O'Kane, Sacramento
James C. Roberts, Rolling Hills
Joseph W. Telford, San Diego
Malcolm C. Todd, Long Beach (Chmn.)
Charles VanDuyne, Santa Barbara
Donald Wake, Upland
STAFF COORDINATOR: Jack Light

Subcommittee on Health Facilities Planning

Inactivated

Executive Committee

(One year terms) Joseph F. Boyle, Los Angeles Jean F. Crum, Downey (Chmn.) Henry V. Eastman, Tustin Thomas N. Elmendort, Willows Roberta F. Fenlon, San Francisco E. Kash Rose, Napa John T. Saidy, San Mateo STAFF COORDINATORS: Robert L. Thomas, Mrs. Donna Redfern

Finance Committee

(One year terms) Sanford E. Feldman, San Francisco Carl Goetsch, Berkeley Nicholas Krikes, San Bernardino Stanley A. Moore, San Diego (Chmn.) E. Kash Rose, Napa Harold Wilkins, Downey STAFF COORDINATOR: Lytton O. Hetland

Industry Medical Committee (One year terms)

H. Dean Hoskins, Oakland (Chmn.) H. Dean Hoskins, Oakland (Chmn.)
Don King, Cypress
Jerome R. Klingheil, Long Beach
Helen B. Weyrauch, San Francisco
Howell Wiggins, San Diego
CONSULTANT: Homer Pheasant, Los Angeles STAFF COORDINATOR: Michael Jones

Liaison Committee to California Blue Shield

(Executive Committee)
(One year terms) Joseph F. Boyle, Los Angeles Jean F. Crum, Downey Henry V. Eastman, Tustin Thomas N. Elmendorf, Willows Roberta F. Fenlon, San Francisco E. Kash Rose, Napa John T. Saidy, San Mateo STAFF COORDINATOR: Robert L. Thomas

Liaison Committee to Golden State Medical Association (One year terms)

(One year terms)
Joseph F. Boyle, Los Angeles (Chmn.)
Robert M. Dorn, Beverly Hills
Sanford E. Feldman, San Francisco
William Y. Fong, Sacramento
John R. Heckman, Marysville
Harold Kay, Piedmont
Stanley A. Moore, San Diego STAFF COORDINATOR: Milton Krueger

Medi-Cal Committee

(One year terms) (One year terms)
William Ball, San Francisco
Joseph Boyle, Los Angeles
A. J. Franzi, San Francisco
James W. Goettle, Tulare
Arthur F. Howard, Fresno
Nicholas P. Krikes, San Bernardino (Chmn.)
Donald Langsley, Davis
Ivan Neubauer, San Jose
James Richardson, Oakland
Arthur Riesenfeld, Pasadena
Sam Williams, Jr., San Diego
STAFF COORDINATOR: Jim Randlett Committee on Nominations

(One year terms) (One year terms)
Joseph F. Boyle, Los Angeles
Simon C. Brumbaugh, Jr., San Diego
Jean F. Crum, Downey
Henry V. Eastman, Tustin
Thomas N. Elmendorf, Willows (Chmn.)
Roberta F. Fenlon, San Francisco
Harry J. Fryer, Jr., San Luis Obispo
Carl Goetsch, Berkeley
Arthur F. Howard, Fresno
Fred M. Kay, Fullerton
Nicholas P. Krikes, San Bernardino
E. Kash Rose, Napa
John T. Saidy, San Mateo
Jokichi Takamine, Los Angeles
STAFF COORDINATOR: Willis W. Bi STAFF COORDINATOR: Willis W. Babb

Committee on Organizational Review and Planning

(One year terms) (One year terms)

Thomas N. Elmendorf, Willows
Harry J. Fryer, Jr., San Luis Obispo
Samuel Horowitz, Los Angeles
Stanley A. Moore, San Diego
Frank A. Rogers, Whittier
E. Kash Rose, Napa (Chmn.)
CONSUITANT: John T. Saidy, San Mateo
EX-OFFICIO: R. Hewlett Lee, Palo Alto
Sidney W. Maurer, Jr., Ukiah
STAFF COORDINATOR: Michael Goldman

Physicians' Benevolence Fund Operating Committee (One year terms)

(One year terms)
Ross Ballard, San Bernardino
Clyde L. Boice, Palo Alto (Chmn.)
Dudley M. Cobb, Jr., Inglewood
Alexander Fraser, San Francisco
Don C. Musser, San Francisco
George G. Wolf, Fresno
CONSULTANT:
Elizabeth Mason Hohl, Los Angeles

STAFF COORDINATOR: Lytton Hetland Committee on the Role of

Medicine in Society (One year terms)

Gerald Besson, Sunnyvale
Ralph W. Burnett, Bakersfield
John B. Dillon, Los Angeles
Sanford E. Feldman, San Francisco
Harry J. Fryer, San Luis Obispo
Forest J. Grunigen, Los Angeles
Maurice M. Haskell, Long Beach
Martin Kohn, San Bruno
R. Hewlett Lee, Palo Alto (Chmn.)
Maivin J. Shapiro, Encino
Malcolm C. Todd, Long Beach
CONSULTANTS: Burt L. Davis, Palo Alto
John T. Saidy, San Mateo
Malcolm S. M. Watts, San Francisco
EX-OFFICIO: Sidney W. Maurer, Ir. Ilki (One year terms) EX-OFFICIO: Sidney W. Maurer, Jr., Ukiah E. Kash Rose, Napa STAFF COORDINATOR: Kathy Olson

Committee on California Medical History (One year terms)

Lloyd R. Hennig, San Luis Obispo John B. deC. M. Saunders, San Francisco Harvy E. Starr, Los Angeles Malcolm S. M. Watts, San Francisco Chairman to be appointed CONSULTANT: Dwight H. Murray, Sr., Napa STAFF COORDINATOR: David Greer

CMA/Fiscal Intermediary Relationships (To be appointed)

Committee for Continuing Study of Evolving Trends in Society Affecting Life (One year terms)

(One year terms)
Walter Ellerbeck, Los Angeles
James H. Ford, Lynwood
George K. Herzog, Jr., San Francisco
Samuel Horowitz, Los Angeles (Chmn.)
Homer Peabody, San Diego
Dale W. Ritter, Chico
Edgar Wayburn, San Francisco
Albert E. White, San Rafael STAFF COORDINATOR: Murray Klutch

Advisory Board to Woman's Auxiliary

Jean F. Crum. Downey
Thomas N. Elmendorf, Willows
James C. MacLaggan, San Diego
John T. Saidy, San Mateo
C. John Tupper, Davis
STAFF COORDINATOR: Milton Krueger

Advisory Council to Board of Nursing Education and Nursing Registration (One year terms)

Leonard M. Asher, Beverly Hills Leon Fox, San Jose Harold R. Hoover, Whittier

CMA Councilors on CBS **Board of Trustees**

(One year terms)
Albert G. Clark, San Francisco
Thomas N. Elmendorf, Willows
Arthur F. Howard, Fresno

CMA Representative to the California Council on Children and Youth, and Medical Advisory Committee to the State Board of Education

(One year term) Tom W. Robinson, Newport Beach

CMA Representatives to California Interagency Council on Drug Abuse

(One year terms)
George C. Andersen, Hermosa Beach
(Task Force on Education)
Stanford B. Rossiter, Redwood City (Chmn.)
William F. Quinn, Los Angeles
(Task Force on Treatment) STAFF COORDINATOR: Gail Jara

CMA Representatives to the California Health Data Corporation

(One year terms) Jack Kahoun, San Mateo Robert L. Paver, San Francisco Philip F. Voigt, Long Beach Albert E. Warrens, Chico John Wasserman, Los Angeles STAFF COORDINATOR: Michael Jones

CMA Representative to the California Nutrition Council (One year term)

Sheldon Margen, Berkeley

CMA Representatives on the California Coordinating Council on RMP

(One year terms) Albert G. Clark, San Francisco James C. MacLaggan, San Diego Richard H. Mailman, Northridge STAFF COORDINATOR: Murray Klutch

CMA Representatives on the Health Manpower Council

Albert G. Miller, San Mateo
Albert G. Miller, San Mateo
Holger Rasmussen, Fremont1975
STAFF COORDINATOR: Max Mehlhaff

CMA Representatives to Interagency Council on Smoking and Health (One year terms)

Jack Leibman, San Francisco Max D. Shaffrath, Sacramento STAFF COORDINATOR: Eugene Miller, M.D.

CMA Representative on Interagency Council on Tuberculosis

(One year term) Robert S. Quinn, Santa Rosa STAFF COORDINATOR: Max Mehlhaff

CMA Representatives on the Joint Council To Improve Health Care of the Aging

Pierre Salmon, Hillsborough ... 1973 Helen B. Weyrauch, San Francisco ... 1973 Joseph P. O'Connor, Pasadena ... 1974 Charles E. Schoff, Jr., Sacramento ... 1974 STAFF COORDINATOR: Larry Freeman

CMA Representative to RMP, Area IV - UCLA

(One year term) Charles K. Donoghue, Lakewood

CMA Representative to United States Pharmacopeial Convention, Inc. (Three year term)

John F. Murray, Fresno

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Allergy	Holger RasmussenAssistant Secretary	Obstetrics and Gynecology
Harold S. Novey	Holger RasmussenAssistant Secretary 2190 Peralta Blvd., Fremont 94536	Alan J. Margolis
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Div. of Anesthesiology, UCLA Center for the Health Sciences, Los Angeles 90024		Rush M. Blodget, Jr Chairman 1950 Court St., Redding 96001
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2007 Wilshire Blvd., Los Angeles 90057	Ernest Pund, Jr	geles 90024
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		751 So. Bascom Ave., San Jose 95128
		Robert S. Cox, Jr
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Delegates and Alterna	MEDICAL ASSOCIATION	PO Box 28, La Jolla 92037
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Emmet L. Rixford, San Francisco	972-1973Ralph W. Schaffarzick, San Francisco	J. Harold Batzle
ames C. MacLaggan, San Diego	972-1973 Laurance A. Mosier, Garden Grove	Frederick A. FryeSecretar
amuei K. Sherman, San Francisco	972-1973George K. Herzog, Jr., San Francisco 972-1973Thomas Elmendorf. Willows	Frederick A. Frye
ohn M. Rumsey, San Diego	972-1973John V. Pollack, Los Angeles	141 Camino Alto, Mill Valley 94941
Varren L. Bostick. Irvine	972-1973	Physical Medicine and Rehabilitation
Vincent P. Carroll, Laguna Beach	972-1973 Herbert A. Holden, San Leandro	Carrie E. Chapman
Deceased) Dudley M. Cobb. Ir., Los Angeles	972-1973	165 North Swall Drive, #202, Beverly Hil
Wilbur G. Rogers, Glendale	972-1973 Ben D. A. Miano, San Bernardino	90211 Harvey (Walter H.) MooreSecreta Fairmont Hospital, 15400 Foothill Blvd., Sa
ohn G. Morrison, San Leandro	973-1974Frederick Ackerman, Pleasant Hill	Fairmont Hospital, 15400 Foothill Blvd., Sa Leandro 94578
William F. Quinn, Los Angeles	973-1974	Leandro 94578 Seth H. Douthett
CODELL C. COMDS, IFVING	973-1974 Florer C Werner Fl Centro	2865 Atlantic Ave., #212, Long Beach 90806
Homer C. Pheasant, Los Angeles1	// L// Li Centro	
Homer C. Pheasant, Los Angeles 1	973-1974 H. Dean Hoskins, Oakland	Plastic Surgery
Homer C. Pheasant, Los Angeles 1 Alfred J. Murrieta, Los Angeles 1 Leon P. Fox, San Jose 1 lean F. Crum, Downey 1	973-1974 H. Dean Hoskins, Oakland 973-1974 R. Hewlett Lee, Palo Alto 973-1974 John T. Saidy, San Mateo	Plastic Surgery Raymond R. Kauffman
Homer C. Pheasant, Los Angeles 1 Alfred J. Murrieta, Los Angeles 1 Leon P. Fox, San Jose 1 Leon F. Crum, Downey 1 Robb Smith, Orange Cove 1 Leon P. Stock Piverside 1	973-1974 H. Dean Hoskins, Oakland 973-1974 R. Hewlett Lee, Palo Alto 973-1974 John T. Saidy, San Mateo 973-1974 James H. Yant, Sacramento	Plastic Surgery Raymond R. Kauffman
Homer C. Pheasant, Los Angeles	973-1974 H. Dean Hoskins, Oakland 973-1974 R. Hewlett Lee, Palo Alto 973-1974 John T. Saidy, San Mateo 973-1974 James H. Yant, Sacramento 973-1974 Marvin J. Shapiro, Encino 973-1974 Donald R. Fitch, Los Angeles	Raymond R. Kauffman
Homer C. Pheasant, Los Angeles	973-1974 H. Dean Hoskins, Oakland 973-1974 R. Hewlett Lee, Palo Alto 973-1974 John T. Saidy, San Mateo 973-1974 James H. Yant, Sacramento 973-1974 Marvin J. Shapiro, Encino 973-1974 Donald R. Fitch, Los Angeles 973-1974 David S. Ardell, Bakersfield	Raymond R. Kauffman
DELEGATES Emmet L. Rixford, San Francisco . 1 Samuel R. Sherman, San Diego . 1 Samuel R. Sherman, San Francisco . 1 Albert G. Miller, San Mateo . 1 John M. Rumsey, San Diego . 1 Eugene F. Hoffman, Los Angeles . 1 Warren L. Bostick, Irvine . 1 Vincent P. Carroll, Laguna Beach . 1 Ralph C. Teall, Sacramento . 1 (Deceased) Dudley M. Cobb, Jr., Los Angeles . 1 Wilbur G. Rogers, Glendale . 1 Harold Kay, Oakland . 1 John G. Morrison, San Leandro . 1 William F. Quinn, Los Angeles . 1 Homer C. Combs, Irvine . 1 Homer C. Pheasant, Los Angeles . 1 Alfred J. Murrieta, Los Angeles . 1 Leon P. Fox, San Jose . 1 Leon P. Fox, San Jose . 1 Leon P. Fox, San Jose . 1 Herman H. Stone, Riverside . 1 Malcolm C. Todd, Long Beach . 1 Ralph W. Burnett, Bakersfield . 1 Walter H. Brignoli, St. Helena . 1 Joseph F. Boyle, Los Angeles . 1 (Delegates and Alternates to the AMA are elected for the survey of the company of the c	973-1974 H. Dean Hoskins, Oakland 973-1974 R. Hewlett Lee, Palo Alto 973-1974 John T. Saidy, San Mateo 973-1974 James H. Yant, Sacramento 973-1974 Marvin J. Shapiro, Encino 973-1974 Donald R. Fitch, Los Angeles 973-1974 David S. Ardell, Bakersfield 973-1974 Harold B. Miles, Santa Barbara 973-1974 Jokichi Takamine, Los Angeles	Raymond R. Kauffman

(Delegates and Alternates to the AMA are elected for terms of two calendar years. Each office is scheduled for election at the Annual Session of the second year shown above.)

Other Organizations and Medical Schools

University of California, Davis, School of Medicine, Davis 95616. Dean: Charles John Tupper, M.D.
University of California, Irvine, California College of Medicine, Irvine, 92664. Dean: Warren L. Bostick, M.D.
University of California, Los Angeles, School of Medicine, Center for the Health Sciences, Los Angeles 90024. Dean: Sherman M. Mellinkoff, M.D.
University of California, San Diego, School of Medicine, La Jolla 92037. Dean: Clifford Grobstein, Ph.D.
University of California, San Francisco, School of Medicine, San Francisco 94122. Dean: Julius R. Krevans, M.D.
University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 90033. Dean: Franz K. Bauer, M.D.
California Medical Education and

California Medical Education and Research Foundation

Directors: Jean F. Crum, M.D., President; Thomas N. Elmendorf, M.D.; Joseph F. Boyle, M.D.; Henry V. Eastman, M.D.; John T. Saidy, M.D.; C. John Tupper, M.D.; Howard Hassard.

Alan J. Margolis
Francisco 94122 William F. Kroener, Jr. Secretary 13019 E. Bailey, Whittier 90601 Charles Weber Assistant Secretary 7300 Girard Ave., La Jolla 92037
Charles Weber
Ophthalmology Rush M. Blodget, Jr
John A. Berg
John A. Berg Secretary 1810 Professional Dr., Sacramento 95825 Robert E. Christensen Assistant Secretary UCLA Center for the Health Sciences, Los An-
Orthonedics
John V. Banta
6217 Wilshire Rlyd Tos Angeles 90048
360 Sunrise Ave., Roseville 95678
Otolaryngology Paul H. Ward
Paul H. Ward
94305
William Simpson
Pathology Robert S. Cox, Jr
751 So. Bascom Ave., San Jose 95128 David Korn
Phillips L. Gausewitz Assistant Secretary
PO Box 28, La Jolla 92037 Pediatrics
J. Harold Batzle
2330 First Ave., San Diego 92101
141 Camino Alto, Mill Valley 94941
Physical Medicine and Rehabilitation Carrie E. Chapman
90211 Harvey (Walter H.) MooreSecretary Fairmont Hospital, 15400 Foothill Blvd., San Leandro 94578
Seth H. Douthett Assistant Secretary 2865 Atlantic Ave., #212, Long Beach 90806
Raymond R. Kauffman
E. C. Brown
Raymond R. Kauffman
Preventive Medicine and Public Health Richard H. Svihus
Richard H. Svihus Chairman Health Officer, Santa Cruz County, P.O. Box 962, Santa Cruz 95060
Donald G. Ramras
James T. Harrison Assistant Secretary Health Officer, Sacramento County, 2221 Stock- ton Blvd., Sacramento 95817
Psychiatry Norman I. Graff
215 No. San Mateo Dr., San Mateo 94401 John S. PeckSecretary
Norman I. Graff
Radiology
Gabriel H. Wilson
Robert H. ReidSecretary 480 Monterey Ave., Los Gatos 95030
geles 90024 Robert H. Reid Secretary 480 Monterey Ave., Los Gatos 95030 Duane E. Blickenstaff Assistant Secretary 7849 Fay Ave., La Jolla 92037
Urology Stanley Brosman
Torrance 91790
450 Fourth St., San Rafael 94901 James Rohn
002 W. WILLOW, VARALIS /JE!!

Roster — CALIFORNIA COMPONENT MEDICAL SOCIETIES

Society secretaries are requested to notify California Medicine promptly when changes are indicated in their roster information

ALAMEDA-CONTRA COSTA Medical Association, 6230 Claremont Ave. Meets 2nd Thursday, except July & August, Society Headquarters. William G. Donald	Donald J. Warren	Harold P. Johnson, Jr
6230 Claremont Avenue, Oakland 94618 Richard J. Rihn	528 West 27th Street, Merced 95340 MONTEREY County Medical Society, P.O. Box 308, 19045 Portola Drive, Salinas 93901. Meets third Monday 8 p.m. Society Headquarters, except August.	SANTA BARBARA County Medical Society, 41 Hitch- cock Way, Santa Barbara 93105. Meets 2nd Mon- day, 6:30 p.m. Announced locations. John Blanchard
July John Floyd	Theodore C. Hooker	2320 Bath Street, Santa Barbara 93105 Henry L. HoldermanSecretary 200 North LaCumbre, San Bernardino 93105 SANTA CLARA County Medical Society, 700 Empey
1702 Esplanade, Chico 95926 FORTY FIRST Medical Society, Suite 202, 3111 Los Feliz Blvd., Los Angeles 90039 Paul D. Yates	NAPA County Medical Society, P.O. Box 2158, 2680-B Jefferson Street, Napa 94558. Meets 3rd Tuesday, September to June. Charles H. Queary	Way, San Jose 95128. Meets 1st Monday, 6:30 p.m. dinner, Society Headquarters, except September. Ivan Neubauer
FRESNO County Medical Society, P.O. Box 2108, 3245 North First Street, Fresno 93726. Meets 3rd Monday 7 p.m. Society Headquarters. George Whitworth President 3841 E. Shields Avenue, Fresno 93726 Larry Nix Secretary 1475 W. Shaw Avenue, Fresno 93705	980 Trancas St., Napa 94558 ORANGE County Medical Association, 300 South Flower Street, Orange 92669. Meetings on call. John F. Farrer	SANTA CRUZ County Medical Society, P.O. Box 308, Salinas 93901 Donald G. Miller
HUMBOLDT-DEL NORTE County Medical Society, 732 Fifth Street, P.O. Box 1395, Eureka 95501. Meets Monday before second Thursday except July & August, Society Headquarters. George A. Jutila	PLACER-NEVADA County Medical Society. Meets first Tuesday, 8:00 p.m., Roseville, except July. Theodore BacharachPresident Weimar Medical Center, Weimar 95736 Arthur R. WeaverSecretary 1212 High St., Auburn 95603	SHASTA-TRINITY County Medical Society, P.O. Box 959, Redding 96001. Meets 2nd Monday, 7:30 p.m. Place varies. James G. Campbell
2630 A. Harrison Avenue, Eureka 95501 IMPERIAL County Medical Society, 200 South Imperial Ave., Imperial 92251. Meets third Tuesday, 6:30 p.m., except July, August, September, or on call of the President.	RIVERSIDE County Medical Association, 4175 Brockton Avenue, Riverside 92501. Meets first Monday, 7 p.m. Society Headquarters. Richard M. Burns	SISKIYOU County Medical Society. Meets on call. John R. Cristy
Benjamin Lehr	6926 Brockton Avenue, Suite 6, Riverside 92506 SACRAMENTO County Medical Society, 5380 Elvas Avenue, Sacramento 95219. Meets 3rd Tuesday, 7:30 p.m., Society Headquarters. Byron Demorest	SOLANO County Medical Society, 1520 Tennessee Street, Vallejo 94590. Meets first Friday except July & August. Lawrence H. Wanetick
Donald Christensen	5301 F. Street, Sacramento 95819 William Y. Fong 5025 Jay St., Sacramento 95819 SAN BENITO County Medical Society. Meetings on	1200 Marin Street, Vallejo 94590 SONOMA County Medical Association, 2466 Mendocino Avenue, Santa Rosa 95401. Meets 4th Tuesday, 6:30 p.m., dinner, place varies.
KRN County Medical Society, 2603 G Street, Bakersfield 93301. Meets Monday preceding 3rd Tuesday, 7:30 p.m. Freddie's Top of the Hill. Mortimer Iger	call. Fisk Brooks	Stephen C. Cary
David J. Evans Secretary 2828 H Street, Bakersfield 93301 KINGS County Medical Society, P.O. Box 1003, Hanford 93230. Meets second Thursday, 6:30 p.m. Dynasty, Hanford, except July & August. Ted B. Newman President 1288 North Douty, Hanford 93230	SAN BERNARDINO County Medical Society, 666 Fairway Drive, San Bernardino 92408. Meets last Monday, 7:30 p.m. Society Headquarters. John N. McAllister President 2130 Arrowhead Avenue, San Bernardino 92405 W. Benson Harer, Jr Secretary 1505 W. 17th St., San Bernardino 92405	STANISLAUS County Medical Society, P.O. Box 1755, 2030 Coffe Road, Suite A-6, Modesto 95355. Meets 3rd Tuesday of month 6:30 p.m. Various meeting locations. Roland C. Nyegaard
F. T. Buchanan	SAN DIEGO County Medical Society, P.O. Box 3949, 3427 Fourth Avenue, San Diego 92103. Meets 1st Tuesday, 6:00 p.m. Location varies.	1213 Coffee Road, Modesto 95350 TEHAMA County Medical Society, 1104 Sixth Avenue, Corning 96021. Meets on call. Melvin L. Gumm
Willard S. Bross, Jr. President P.O. Box 1037, Portola 96122 Steven Christenson Secretary 112 Buchanan, Quincy 95971	William T. Adams	1805 Walnut St., Red Bluff 96080 A. H. Meuser
Los Angeles County Medical Association, P.O. Box 3465 Terminal Annex, 1925 Wilshire Boulevard, Los Angeles 90057. Meets 1st Monday and 2nd Wednesday, 6:30 p.m. dinner at Society Headquarters, except July & August. Edward J. Wilater	92103 SAN FRANCISCO Medical Society, 250 Masonic Avenue, San Francisco 94118. Meets 1st Monday of each month 8:00 p.m. Society Headquarters. Harold H. Lindner	eral King, Visalia 93277. Meets 4th Thursday, 7:30 p.m., Society Headquarters, except July & August. Donald E. Wahlen
90054 Sanford F. Rothberg	250 Masonic Avenue, San Francisco 94118 SAN JOAQUIN County Medical Society, P.O. Box 230, 445 West Acacia Street, Stockton 95201.	620 W. Olive Avenue, Porterville 93257 VENTURA County Medical Society, 2977 Loma Vista Road, Ventura 93003. Meets 2nd Tuesday, 7:30 p.m., location varies.
MARIN Medical Society, 4460 Redwood Highway, San Rafael 94903. Meets fourth Thursday, So- ciety Headquarters. Elmer Weden, Jr President 750 Las Gallinas, San Rafael 94903	Meets 1st Thursday, 8:00 p.m., Society Head- quarters. Robert K. Salter	Charles Reach
George R. Caesar	SAN LUIS OBISPO County Medical Society, P.O. Box 319, 2180 Johnson Avenue, San Luis Obispo 93401. Meets 3rd Saturday, Noon, The Motel Inn, 2223 Monterey St., except June, July and August.	YOLO County Medical Society, 1207 Fairchild Court, Woodland 95695. Meets 2nd Wednesday 8:00 p.m., Woodland Memorial Hospital except July & August. B. Kent Wilson
Donald G. Joyce President 5375 Lakeshore Boulevard, Lakeport 95453 W. Theodore Hill Secretary 1369 So. Dora, Ukiah 95482	James R. Chambers	YUBA-SUTTER-COLUSA County Medical Society, P.O. Box L, Marysville 95901. Meets 2nd Tues-
MERCED-MARIPOSA Medical Society, P.O. Box 549, 5371/2 West 26th Street, Merced 95340. Meets 3rd Tuesday, 7:00 p.m. Merced General Hospital except July & August.	SAN MATEO County Medical Society, 122 North El Camino Real, San Mateo 94401. Meets every month, second Tuesday, 6:30 p.m., Society Headquarters.	day, 2:30 p.m. Robert N. Wallace

"The history of science, and in particular the history of medicine...is... the history of man's reactions to the truth, the history of the gradual revelation of truth, the history of the gradual liberation of our minds from darkness and prejudice."

- George Sarton, from "The History of Medicine Versus the History of Art"

Are combination drug products useful in treatment involving concomitant use of two or more drugs?

of two or more drugs?

Results of a questionnaire to 7,000 physicians:

62.9% Believe combination drug products are useful.

13.8% Do not believe combination drug products are useful.

Are combination drug products useful in treatment involving concomitant use of two or more drugs?

Doctor of Medicine

Louis Lasagna, M.D. **Professor and Chairman** Department of Pharmacology & Toxicology University of Rochester School of Medicine and Dentistry



Obviously, many drugs are given concomitantly. Whether it makes sense to combine medications in one preparation, be it capsule, tablet, or liquid, is a question that can be answered only by examining the advantages and disadvantages in the individual case.

Among the advantages is, first of all, convenience. The more medications that are taken concurrently and the more complicated the directions, the less likely the patient is to take medications accurately. From the standpoint of convenience and accuracy, and economy as well, you can make an important case for putting medications together in one preparation, as long as they are compatible.

By the same token, when you prescribe a properly tested and rational combination, you should have less worry about pharmaceutical or pharmacological compatibility - and about reasonable dosage ratios as well. Compatibility of the formulation should be demonstrated in the laboratory and clinic before the product is available for prescription-which is more than can usually be said for the physician's own spontaneous creations. And, the dosage ratios employed in rational precompounded combinations are designed to meet the needs of sub-stantial numbers of "typical" patients.

There is no doubt that many "atypical" patients are to be found, and for them the prefabricated combination must be rejected. But that hardly argues for eliminating rational combinations from the market. Think, for example, of the problems that would arise if the components of widely accepted combinations, like the oral contraceptives and the diuretic-antihypertensives, always had to be prescribed, purchased and ingested separately.

One disadvantage that comes to mind is some doctors' unawareness of the ingredients a given combination contains. For example, a doctor might know that a patient is allergic to aspirin but forget that a certain analgesic mixture, which he knows only by its trade name, contains aspirin. His prescription, then, causes considerable discomfort, to say the least. This problem is a function of physician education, rather than of combination therapy as such. Improving doctors' knowledge about all medicaments they prescribe is a problem that deserves tackling on its own.

Another accusation leveled at combination drugs is that they encourage sloppiness of diagnosis and treatment. In many cases, however, a combination may prove to be the most effective choice. A good example of the usefulness of combinations appears in a recent article in the Journal of Chronic Diseases on the efficacy and side effects of an antihypertensive containing three ingredients, in which the track records of the combination drug and the individual ingredients were compared. Interestingly enough, whether the drugs were given individually or together, incidence and severity of side effects were the same. But blood pressure control was invariably better when the drugs were taken in one combination tablet than when they were taken sep-arately (in "titratable" dosage) or in two or three different tablets.

Deciding which combinations constitute rational therapy obviously leads to a discussion of who is to determine which should be used and which should not. Realistically, I think combinations should be evaluated somewhat differently if they are old and established or new and untried.

In today's regulatory atmosphere, there is no possibility of a new combination being put on the market without a substantial amount of acceptable evidence in the form of controlled trials that show it to be safe and efficacious. On the other hand, I believe a different set of standards should apply to combination preparations that have been around for a long time. In other words, physician acceptance over a long period should be given some weight as evidence of the efficacy and safety of these drugs.

The FDA, however, does not seem to share this attitude. It often requires, for these older products, controlled trials that will monopolize the time of already overtired investiga-

tors and cost a greal deal of money. I wish we could agree on a "grandfather clause" approach to preparations that have been in use for a number of years and that have an apparently satisfactory track record.

For example, I think some of the antibiotic combinations that were taken off the market by the FDA performed quite well. I am thinking particularly of penicillin - streptomycin combinations that patients -especially surgical pa 👢 tients-were given in one injection. This made for less discomfort for the patient, less demand on nurses' time, and fewer opportunities for dosage errors. To take such a preparation off the market doesn't seem to be good medicine, unless actual usage showed a great deal of harm from the injections (rather than the proper use) of the combination.

The point that should be emphasized is that there are both rational and irrational combinations. The real question is, who should determine which is which? Obviously, the FDA must play a major role in making this determination. In fact, I don't think it can avoid taking the ultimate responsibility, but it should enlist the help of outside physicians and experts in assessing the evidence and in making the ultimate decision.

Maker of Medicine

W. Clarke Wescoe, M.D. President Winthrop Laboratories



If two medications are used effectively to treat a certain condition, and it is known that they are compatible, it clearly is useful and convenient to provide them in one dosage form. It would make no sense, in fact it would be pedantic, to insist they always be prescribed separately. To avoid the appearance of pedantry, the "expert" de-cries the combination because it is a fixed dosage form. When the "expert invokes the concept of fixed dosage form he obscures the fact that single-ingredient pharmaceutical preparations are also fixed dosage forms. By a singular semantic exercise he implies a pejorative meaning to the term "fixed dose" only when he uses it with respect to combinations. What is ignored is the simple fact that only in the rarest of circumstances does any physician attempt to titrate an exact therapeutic response in his patient. It is quite possible that some aches and pains will respond to 500 mg. of aspirin yet that fact does not militate against the usual dose being 650 mg.

The other semantic ploy often called into play is to describe a combination product as rational or irrational.

Take antibiotic mixtures, the source of much of the criticism generated against combinations generally. Obviously, no one should be exposed willy-nilly to the potential side effects of two or three antibiotics when only one is needed. At the same time there are cases where it is prudent to prescribe more than one. The clinician is the judge in these circumstances, as he should be.

There is no clear definition of the word rational. Most persons, I suppose, would find it synonymous with reasonable, but in many circumstances it may best be defined as the opinion of those in power at the moment.

Other factors govern combination therapy, not the least of which has been its broad use by practicing physicians anxious to achieve convenience in prescribing, to reduce medication error, and to save money for their patients. Combinations clearly have met the test on all three counts.

I have been impressed by studies showing that the rate of error climbs markedly with the number of medications to be taken, even with sophisticated patients. When medically justified, therefore, this factor alone supports the logic of combination therapy.

The cost argument for combinations appears to be irrefutable. In 1971, R. A. Gosselin studied the 71 combination products (excluding oral contraceptives) among the 200 most prescribed drugs. The study found that if all 71 products were discontinued, and if each ingredient in these combinations were prescribed separately, the price of medicines to pa-tients would jump by \$443.2 million on a national basis! At a time when the cost of medical care is under so much fire, it would be nonsensical to boost costs without clearly irrefutable medical reasons.

The part played by government on this question, of course, is fundamental. The FDA should play a role in determining which combinations are reasonable. That role, as defined by law and regulation, is to ensure that any medication on the market is safe and effective in line with its label claims. Certainly combinations are entitled to as much consideration as single entities - neither more nor less. So long as the addition of one drug to another does not make either less safe, or less effective. so long as they are compatible in a formulation, we have a reasonable product. It makes no sense to recommend the use of two products for certain conditions and to deny their being combined in a single form. An unhappy side effect of the problem concerns the efficacy panel discussions of many products submitted for review. The term "effective, but" has been freely interpreted to mean "ineffective" in toto, regardless of the merit of the individual drugs. This interpretation has placed numerous useful combination products in needless jeopardy.

In reading the actual reports of the review panels, it seems clear that some of the ratings were based less on scientific research and clinical observation than on the "informed" opinions of the panelists. These "informed" opinions were accepted at face value, while the "informed" opinions of others who had used the products were rejected. All of this put combination products into a sort of scientific never-never land.

It should be kept in mind by all, government as well as others involved in our health care system, that advances in therapy are seldom made in leaps and bounds but rather by small painstaking steps-and that some of these steps have resulted from research in combination drugs as well as with single entities. Given the near-infinite biologic variation in patient response, this is hardly surprising to clinicians. It should not be to regulatory agencies either.

In the end, the practicing physician is in the best position to decide if a particular combination makes sense. Such a decision should not be made exclusively by those whose responsibility for continuing clinical care is limited. Clinicians are the best judges of efficacy because the ultimate proof of any product's effectiveness is acceptance by physicians who have observed its actions in patients over time. The corollary statement may be made about overthe counter medicines, which would not long survive if they failed to afford the relief the user anticipates. That the antihistamine in a "cold" remedy may not always be necessary is no reason to proscribe the combination generally.

Opinion © Dialogue

What is your opinion, doctor? We would welcome your comments.



The Pharmaceutical Manufacturers Association 1155 Fifteenth Street, N.W., Washington, D.C. 20005



How old is a "new" cystitis?

An acute occurrence of cystitis may be only a single episode in a process of recurrent urinary tract infection. The "new" cystitis patient is treated with antibiotics; the symptoms resolve. Until cystitis appears again. And again. With the possibility of developing resistant strains. With the fear of serious renal disease.

The long-term use of Mandelamine (methenamine mandelate), after the acute cystitis attack has been

cleared, may help prevent another "new" attack.

Mandelamine, by producing formaldehyde in an acid urine, provides a continuous antibacterial property to the urine. It is continually effective against *E. coli* and other urinary pathogens. And long-term use of Mandelamine will not produce resistant strains. Mandelamine is a safe therapy for recurrent cystitis... free from major toxic effects

Mandelamine

(methenamine mandelate)

to help stop old infections from becoming new again

BRIEF SUMMARY Gaution: Federal law prohibits dispensing without prescription. Description: Mandelamine (methenamine mandelate), a urinary antibacterial agent, is the chemical combination of mandelic acid with

methenamine.

Indications: Mandelamine (methenamine mandelate) is indicated for the suppression or elimination of tracteriuria associated with pyelonephritis, cystitis and other chronic Prinary tract infections; also for infected residual urine sometimes accompanying neurologic diseases. When used as recommended, Mandelamine is particularly suitable for long-term therapy because of its safety and because resistance to the nonspecific bactericidal action of formaldehyde does not develop. Rathogens resistant to other antibacterial agents may respond to Mandelamine because of the non-Specific bactericidal effect of formaldehyde in an acid urine. Contraindication: Contraindicated in renal insufficiency. Precautions: Dysuria may occur

cusually at higher than recommended dosage). This can be controlled by reducing the dosage and/or acidification. When urine acidification is contraindicated or unattainable (as with some urea-splitting bacteria), the aug is not recommended. Adverse Reactions: An occasional Patient may experience gastrointestinal disturbance or a generalized skin rash. Dosage and Management: The average adult dose is 4 grams daily given as 1.0 Gm after each meal and at bedtime. Children 6 to 12 should receive half the adult dose and children 5 years of age or under

should receive 250 mg per 30 lb body weight, four times daily. Since an acid urine is essential for anti-bacterial activity with maximum efficacy occurring at pH 5.5 or below, restriction of alkalinizing foods and medication is thus desirable. If testing of urine pH reveals the need,

supplemental acidification should be given.

Supplied: 1 Gm Tablets, 1.0 Gm, purple enteric coated, bottles of 100 and 1000. ½ Gm Tablets, 0.5 Gm, brown enteric coated, bottles of 100 and 1000. 1/4 Gm Tablets, 0.25 Gm,

brown enteric coated, bottles of 100 and 1000.

Additional Dosage Form: Mandelamine Suspension Forte containing 500 mg methenamine mandelate per teaspoonful, in bottles of 8 fl. oz. and 16 fl. oz. This pink cherry-flavored Suspension Forte is especially useful for pediatric patients and for those adults who cannot or will not swallow a tablet.

Full information is available on request.



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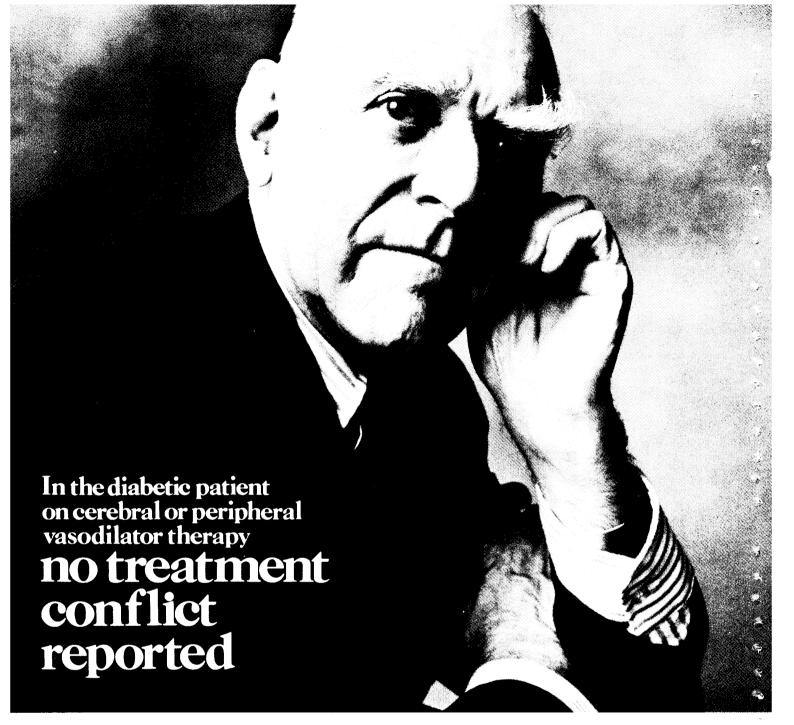
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Dr. N. Deeb, M.D. **Assistant Director** Department of Emergency 1200 N. State Street Los Angeles, Calif. 90033

(Continued on page 43)



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- no interference with diabetic control ... does not alter carbohydrate metabolism.¹
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There are no known contraindications in recommended oral doses other than it should not be given in the presence of frank arterial bleeding or immediately postpartum.

INDICATIONS: Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, the FDA has classified the indications as follows: Possibly Effective:

- 1. For the relief of symptoms associated with cerebral vascular insufficiency.
- 2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's disease) and Raynaud's disease
- 3. Threatened abortion.

Final classification of the less-than-effective indications requires further investigation.

DOSAGE AND ADMINISTRATION: 10 to 20 mg, three or four times daily. CONTRAINDICATIONS AND CAUTIONS: There are no known

CONTRAINDICATIONS AND CAUTIONS: There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

ADVERSE REACTIONS: On rare occasions, oral administration of the drug has been associated in time with the occurrence of severe rash. When rash appears, the drug should be discontinued. Occasional overdosage effects such as transient palpitation or dizziness are usually controlled by reducing the dose.

SUPPLIED:

Tablets, 10 mg.—bottles of 100, 1000, 5000 and Unit Dose 20 mg.—bottles of 100, 500 and Unit Dose

REFERENCE: 1. Samuels, S. S., and Shaftel, H. E.: J. Indiana Med. Ass. 54:1021-1023 (July) 1961.



LETTER AND

(Sodium Levothyroxine, Armour) Tablets T₄

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'Milpath' can cut down her complaints by helping to control: bloating/cramping/pain/'nervous stomach' when aggravated by anxiety and tension

For most patients:

'Milpath'-400 (meprobamate 400 mg + tridihexethyl chloride 25 mg)

Usual adult dose: One tablet t.i.d. at mealtimes, and two tablets at bedtime. When spasm is severe:

'Milpath'-200 (meprobamate 200 mg + tridihexethyl chloride 25 mg)

Usual adult dose: Two tablets t.i.d. at mealtimes. and two tablets at bedtime.

INDICATIONS: Based on a review of this drug by the National Academy of Sciences — National Research Council and/or other information, FDA has classified the indica-

effective: as adjunctive therapy in peptic ulcer and in the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis, and functional gastrointestinal disorders), especially when accompanied by anxiety

Final classification of this indication requires further investigation.

CONTRAINDICATIONS: Tridihexethyl chloride: Previous allergic or idiosyncratic reactions to it or related compounds; urinary bladder-neck obstructions (e.g., prostatic obstructions due to hypertrophy); pyloric obstructions because of reduced motility and tonus; organic cardiospasm (megaesophagus): glaucoma: possibly in stenosing gastric or duodenal ulcers with significant gastric retention. **Meprobamate**: Acute intermittent porphyria and allergic or idiosyncratic reactions to meprobamate or related compounds such as carisoprodol, mebutamate, tybamate,

WARNINGS: Meprobamate: Drug Dependence: Physical and psychological dependence and abuse have occurred. Chronic intoxication, from prolonged use and usually greater than recommended doses, leads to ataxia, slurred speech, vertigo. Carefully supervise dose and amounts prescribed, and avoid prolonged use, especially in alcoholics and addiction-prone persons. Sudden withdrawal after prolonged and excessive use may precipitate recurrence of pre-existing symptoms (e.g., anxiety, anorexia, insomnia) or withdrawal reactions (e.g., vomiting, ataxia, tremors, muscle twitching, confusional states, hallucinosis; rarely convulsive seizures, more likely in persons with CNS damage or pre-existent or latent convulsive disorders). Therefore, reduce dosage gradually (1-2 weeks) or substitute a short-acting barbiturate, then gradually withdraw. Potentially Hazardous Tasks. Driving a motor vehicle or operating machinery. Additive Effects: Possible additive effects between meprobamate, alcohol. and other CNS depressants or psychotropic drugs. Pregnancy and Lactation: Safe use not established: weigh potential benefits against potential hazards in pregnancy, nursing mothers, or women of childbearing potential. Animal data at five times the maximum recommended human dose show reduction in litter size due to resorption.

PRECAUTIONS: Tridihexethyl chloride: Use cautiously in elderly males (possible prostatic hypertrophy). Meprobamate: To avoid oversedation, use lowest effective dose, particularly in elderly and/or debilitated patients. Consider possibility of suicide attempts; dispense least amount of drug feasible at any one time.

To avoid excess accumulation, use caution in patients with compromised liver or kidney function. Meprobamate may precipitate seizures in epileptics

ADVERSE REACTIONS: Tridihexethyl chloride: Dry mouth (fairly frequent at oral doses of 100 mg), constipation or "bloated" feeling, tachycardia, bradycardia, dilated pupils, increased ocular tension, weakness, nausea, vomiting, headache, drowsiness, urinary hesitancy or retention, dizziness. Meprobamate: Central Nervous System: Drowsiness, ataxia, dizziness, slurred speech, headache, vertigo, weakness, paresthesias, impairment of visual accommodation, euphoria, overstimulation, paradoxical excitement, fast EEG activity. *Gastrointestinal*: Nausea, vomiting, diarrhea. *Cardiovascular*: Palpitations, tachycardia, various forms of arrhythmia, transient ECG changes, syncope; also hypotensive crises (including one fatal case). Allergic or Idiosyncratic: Usually after 1-4 doses. Milder reactions: itchy, urticarial, or erythematous maculopapular rash (generalized or confined to groin). *Other:* leukopenia. acute nonthrombocytopenic purpura, petechiae, ecchymoses, eosinophilia, peripheral edema, adenopathy, fever, fixed drug eruption with cross reaction to carisoprodol, and cross sensitivity between meprobamate/mebutamate and meprobamate/carbromal. More severe, rare hypersensitivity; hyperpyrexia, chills. angioneurotic edema, bronchospasm, oliguria, anuria, anaphylaxis, erythema multiforme, exfoliative dermatitis, stomatitis. proctitis. Stevens-Johnson syndrome, bullous dermatitis (one fatal case after meprobamate plus prednisolone). Stop drug. treat symptomatically (e.g., possible use of epinephrine, anti-histamines, and in severe cases corticosteroids). Hematologic:

Agranulocytosis and aplastic anemia (rarely fatal), but no causal relationship established. Rarely, thrombocytopenic purpura. *Other*: Exacerbation of porphyric symptoms. **USUAL ADULT DOSAGE**: One 'Milpath'-400 (meprobamate 400 mg + tridihexethyl chloride 25 mg) tablet three times a day at mealtimes and 2 at bedtime. For greater anticholinergic effect, 2 'Milpath'-200 (meprobamate 200 mg + tridihexethyl chloride 25 mg) three times a day at mealtimes and 2 at bedtime. Meprobamate dose should not exceed 2400 mg daily

bamate dose should not exceed 2400 mg daily.

Not for use in children under age 12.

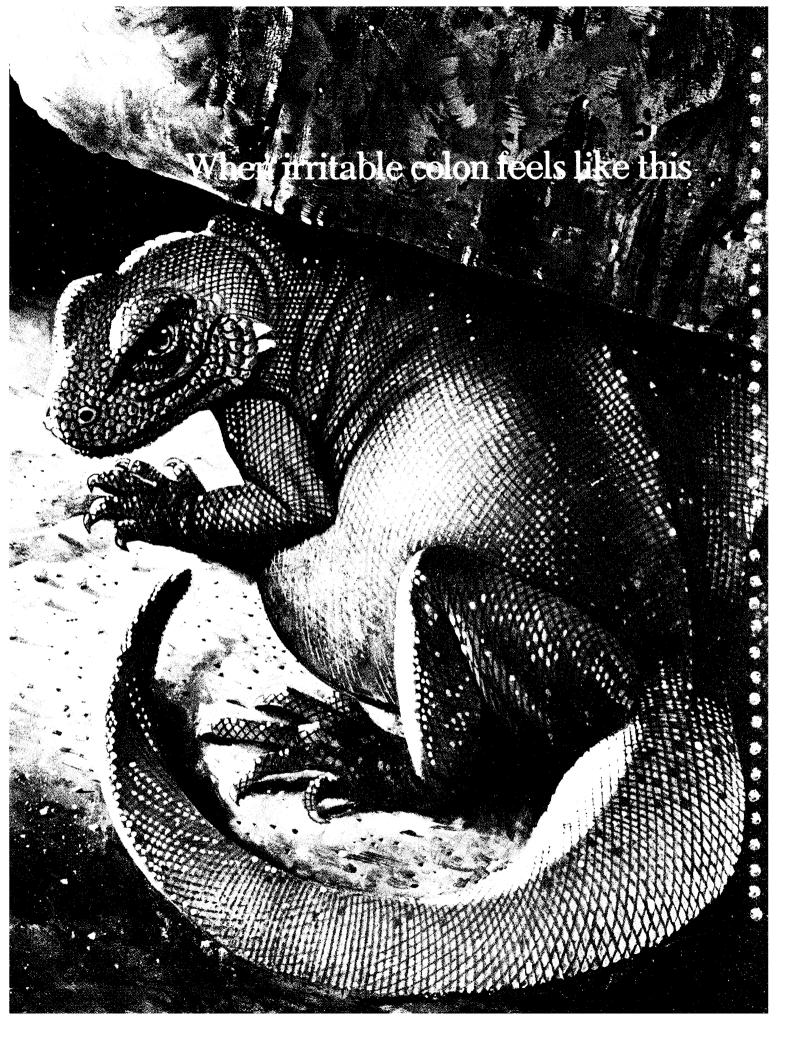
OVERDOSAGE: Tridihexethyl chloride: Acute overdosage can produce dry mouth, difficulty swallowing, marked thirst; blurred vision, photophobia: flushed, hot, dry skin, rash; hyperthermia; palpitations, tachycardia with weak pulse, elevated blood pressure; urinary urgency with difficulty in micturition; abdominal distention; restlessness, confusion, delirium and other signs suggesting acute organic psychosis. Empty stomach after administration of Universal Antidote and treat symptomatically as indicated. Meprobamate: Suicidal attempts with meprobamate. alone or with alcohol or other CNS depressants or psychotropic drugs, have produced drowsiness, lethargy, stupor, ataxia, coma, shock, vasomotor and respiratory collapse, and death. Empty stomach, treat symptomatically, cautiously give respiratory assistance, CNS stimulants, pressor agents as needed. Meprobamate is metabolized in the liver and excreted by the kidney. Diuresis and dialysis have been used successfully. Carefully monitor urinary output; avoid overhydration; observe for possible relapse due to incomplete gastric emptying and delayed

Before prescribing, consult package circular or latest PDR

WALLACE PHARMACEUTICALS, Cranbury, N.J. 08512



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... **KINESED**® provides more complete relief.

Gastroenteritis, colitis, gastritis or duodenitis can produce spasm or hypermotility, gas distention and discomfort. But Kinesed can provide a balanced formulation to relieve these symptoms:

belladonna alkaloids—for the hyperactive bowel
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Contraindications: Hypersensitivity to barbiturates or belladonna alkaloids, glaucoma, advanced renal or hepatic disease.

Precautions: Administer with caution to patients with incipient glaucoma, bladder neck obstruction or urinary bladder atony. Prolonged use of barbiturates may be habit-forming.

Side effects: Blurred vision, dry mouth, dysuria, and other

atropine-like side effects may occur at high doses, but are only rarely noted at recommended dosages.

Dosage: Adults: One or two tablets three or four times daily. Dosage can be adjusted depending on diagnosis and severity of symptoms.

Children 2 to 12 years: One-half or one tablet three or four times daily. Tablets may be chewed or swallowed with liquids.



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KINESED® antispasmodic/sedative/antiflatulent

Each chewable tablet contains: 16 mg. phenobarbital (warning: may be habit-forming); 0.1 mg. hyoscyamine sulfate; 0.02 mg. atropine sulfate; 0.007 mg. scopolamine hydrobromide; 40 mg. simethicone.

Chuckwalla (Sauromalus obesus):
This southwestern desert lizard seeks shelter in crevices of rocks.
When attempts are made to probe him from his niche, he gulps air until his abdomen is distended up to sixty per cent over its normal size... thus wedging himself tightly in place and preventing capture.

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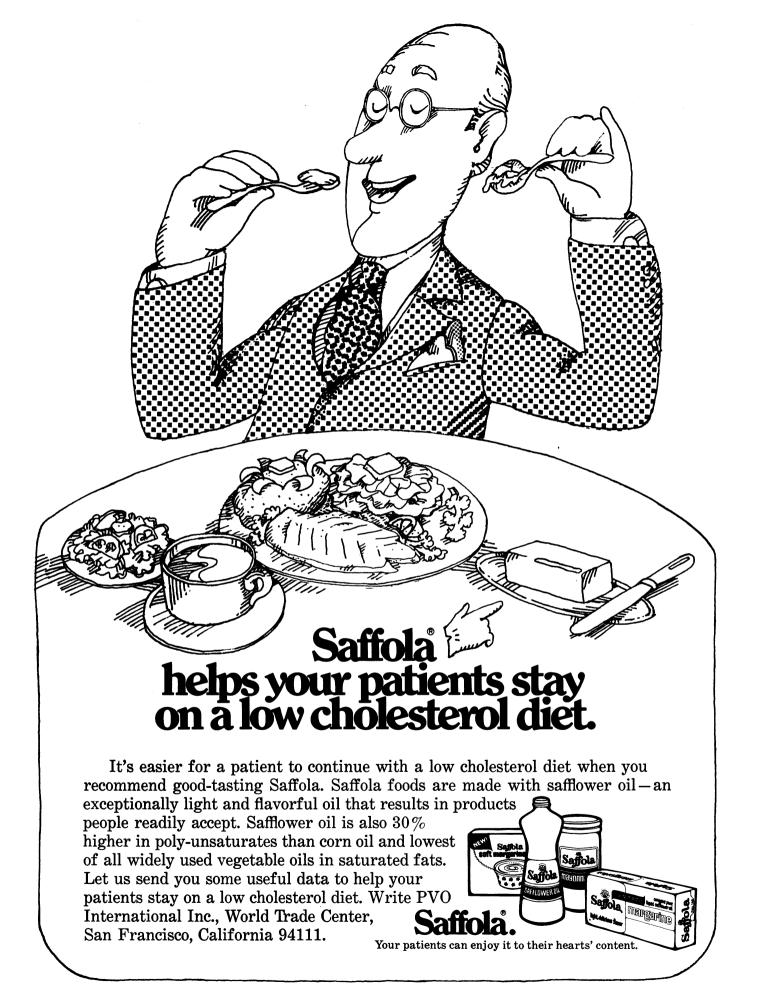
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The unique potassium chloride supplement with the natural tomato juice flavor

Kato Powder

Potassium Chloride Supplement

Description: Spray-dried tomato powder containing 20 mEq potassium (equivalent to 1.5 Gm KCl) per measured dose with natural and synthetic flavors, spices and colors. Benzoic acid and potassium benzoate added as preservatives. When reconstituted as directed, makes a pleasantly flavored, low sodium tomato juice drink.

Indications: The prevention or correction of potassium deficit, particularly when accompanied by hypochloremic alkalosis in conjunction with thiazide diuretic therapy, in digitalis intoxication, or as the result of long-term corticosteroid therapy, low dietary intake of potassium, or excessive vomiting or diarrhea.

Contraindications: Potassium is contraindicated in severe renal impairment involving oliguria, anuria or azotemia; in untreated Addison's disease, adynamia episodica hereditaria, acute dehydration, heat cramps. hyperkalemia from any cause.

Precautions: Kato Powder is a concentrate and should be taken only after reconstituting with water as directed. Do not use in patients with low urinary output or renal decompensation. Administer with caution, it is impossible accurately to assess the extent of potassium depletion, or the daily dose required. Excessive dosage may result in potassium intoxication. Frequent checks of the clinical status of the patient, ECG and/or plasma potassium level should be made. High plasma concentrations of potassium ion may cause death through cardiac depression, arrhythmias or arrest. Use with caution in patients with cardiac disease.

Adverse Reactions: Vomiting, diarrhea, nausea, and abdominal discomfort may occur. Gross overdosage may produce signs and symptoms of potassium intoxication: mental confusion, listlessness, paresthesia of the extremities, weakness and heaviness of legs, flaccid paralysis, hyperkalemia, ECG abnormalities, fall in blood pressure, cardiac arrhythmias and heart block. The characteristic changes in the ECG are disappearance of the P wave, widening and slurring of QRS complex, changes of the S-T segment, tall peaked T waves, etc.

Toxicity: Potassium intoxication may result from overdosage of potassium or from therapeutic dosage in conditions stated under "Contraindications." Hyperkalemia, when detected, must be treated immediately because lethal levels can be reached in a few hours.

Treatment of Hyperkalemia: 1. Dextrose solution 10% or 25% containing 10 units of crystalline insulin per 20 Gm dextrose, given I.V. in a dose of 300cc to 500cc in an hour. 2. Adsorption and exchange of potassium using sodium or ammonium cycle cation exchange resin, orally or as retention enema. 3. Hemodialysis or peritoneal dialysis. 4. Elimination of potassium-containing foods and medicaments. Warning: Digitalis toxicity can be precipitated by lowering the plasma potassium concentration too rapidly in digitalized patients.

Administration and Dosage: Mix with water to make a pleasant tomato juice drink. The unit dose packet and the dose-measure supplied in the can each provide 20 mEq of potassium. Usual adult dose—I packet or I measure of Kato Powder mixed with about 2 ounces of water twice daily—supplies 40 mEq potassium per day. Take with meals or follow with ½ glass of water. Larger doses may be required, but should be administered under close supervision because of the possibility of potassium intoxication.

How Supplied:



Carton of 30 unit dose packets, 20 mEg each



8 oz can (40 doses) with 20 mEq dose-measure



Kato Powder is KCl
blended with natural
tomato powder and subtle
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2 ounces of cold water,
it provides a dose of
potassium chloride in a
good tasting low sodium
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STANFORD UNIVERSITY SCHOOL OF MEDICINE

POSTGRADUATE MEDICAL EDUCATION COURSE

— In HAWAII —

MANAGEMENT OF THE SURGICAL PATIENT

May 13 to May 20, 1973

MAUNA KEA

BEACH HOTEL

(The Laurence Rockefeller Resort on the Island of Hawaii)

This course consists of a series of lectures and informal conferences dealing with the practical aspects of the management of a variety of surgical problems. Arrival in Hawaii will be on Sunday, May 13, with departure on Sunday, May 20. Sessions will be held Monday through Friday from 9 a.m. to 12 noon, with a panel discussion on Saturday morning. Elective presentations will be offered Monday through Friday from 7 to 8 a.m.

COURSE OUTLINE

Respiratory failure in surgical patients
Chest injuries
Head and spine injuries
Antibiotic therapy
Plastic surgery for general surgeons
Drainage of the urinary tract
Dissecting aneurysms
Pediatric surgery for general surgeons

Septic shock
Management of sarcomas
Practical estimates of renal function
Myocardial revascularization
Management of intractable pain
Management of urinary tract infections
Office surgery
Management of vascular problems
Primary breast carcinoma
Multiple trauma

STANFORD UNIVERSITY FACULTY

Robert A. Chase, M.D., Emile Holman Professor of Surgery and Chairman, Department of Surgery
Roy B. Cohn, M.D., Walter Clifford Chidester and Elsa Rodney Chidester Professor of Surgery
Lawrence G. Crowley, M.D., Associate Dean and Professor of Surgery
John W. Hanbery, M.D., Professor of Surgery and Head, Division of Neurosurgery
Edward Rubenstein, M.D., Clinical Professor of Medicine and Associate Dean for Postgraduate Medical Education
Thomas A. Stamey, M.D., Professor of Surgery and Head, Division of Urology
Edwa.d B. Stinson, M.D., Assistant Professor of Surgery (Cardiovascular)

Kenneth L. Vosti, M.D., Professor of Medicine (Infectious Diseases)

GENERAL ARRANGEMENTS

Registration: Early application for enrollment is advised as a maximum-minimum registration has been established. Tuition for the course is \$275, which must accompany the application.

Hotel: Room reservations for the Mauna Kea Beach Hotel at Kamuela, Hawaii, will be made through the Office of Postgraduate Medical Education at Stanford and will be confirmed to the registrant upon receipt of \$100 deposit. (Beachfront room, Modified American Plan with breakfast and dinner—\$95 per day for two.) A special program will be organized for accompanying wives and children.

Travel: Round-trip transportation at special group rates prevailing at time of departure (government-controlled rate structure) will be available between West Coast cities and Kamuela (direct flight to Hilo). Group departures from San Francisco, Los Angeles, and Seattle or Portland will depend on number of registrants from those areas. Official travel agent is Leo T. Sides, Leo T. Sides Travel Service, 87 Stanford Shopping Center, Palo Alto, California 94304, (415) 321-1111, who will contact registrants to make group arrangements or coordinate other pre- or post-meeting travel as desired (inter-island/Orient/Pacific).

APPLICATION FORM

City

MANAGEMENT OF THE SURGICAL PATIENT HAWAII — May 13 to May 20, 1973

ADDRESS_

DAYTIME PHONE

MEDICAL SCHOOL___

Middle	
State	Zip Code

Course Tuition: \$275

Room Deposit: \$100

____Enclosed is \$375 for full tuition and room deposit.

I wish special round-trip air transportation from:

S.F. L.A. Portland Seattle Other travel

Please make your check payable to STANFORD UNIVERSITY SCHOOL OF MEDICINE and mail to the OFFICE OF POSTGRADUATE

MEDICAL EDUCATION, STANFORD UNIVERSITY SCHOOL OF MEDICINE, M121, Stanford, California 94305.

____SPECIALTY___

For further details and Mauna Kea brochures write address above or call (415) 321-1200, Ext. 5594.



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Remember when a teenager's biggest health problem was acne? Today it's gonorrhea!

Are you shocked? You should be. V.D. has suddenly become the worst "childhood disease" in California.

Last year, over 22,000 cases of gonorrhea and syphilis were recorded for young people 10 to 19 years old. And experience indicates there were probably another 100,000 cases that weren't reported.

California doctors are deeply disturbed by this trend. V.D. has become a health problem of epidemic proportions. Health authorities estimate conservatively that one in ten

Californians between 15 and 25 will get gonorrhea this year.

But why are we telling you about V.D.? It's because there are people reading this page who suspect they have V.D.—but are afraid to see a doctor to find out.

We want to urge those people to go to a doctor or V.D. clinic immediately.

There's no need to worry about getting reported to family or police.
V.D. is a health problem, not a crime.

As doctors, our main concern is treating disease. And both syphilis

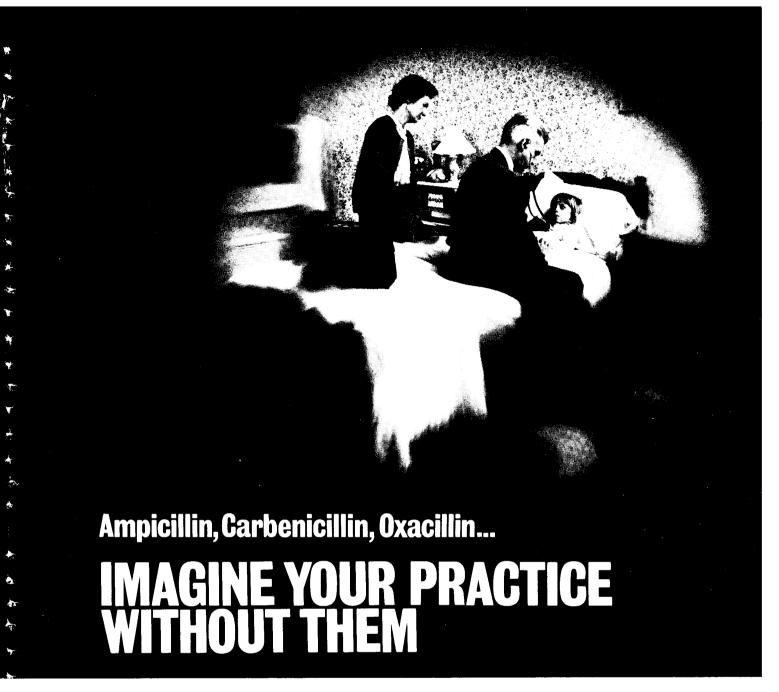
and gonorrhea can be treated successfully. But they must be diagnosed first—and usually you can't diagnose them yourself. Sometimes the victims—especially women—have no symptoms at all. Nevertheless, the disease is doing its damage.

So if you have teenagers—no matter how "good" they are—they should know about V.D.

It's a tough subject to talk about. But if you can't bring yourself to discuss it with your teenager, ask your doctor to do it for you. Just say it's part of their education. It will be.

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Second Invitational Western States Scientific Assembly MARCH 10-14, 1973

DISNEYLAND HOTEL, ANAHEIM
REGISTRATION OPENS IN THE DISNEYLAND HOTEL CONVENTION CENTER LOBBY,
FRIDAY AFTERNOON, MARCH 9

SCIENTIFIC SESSIONS BEGIN SATURDAY MORNING, MARCH 10

HOUSE OF DELEGATES OPENING SESSION	SATURDAY AI	FTERNOON, MARCH 10		
1. Fill in the form below <i>completely</i> for room accommodations at the CMA's limited number of rooms available. Your choice of accommodations will be loccupied by two or more persons.	1973 Annual S petter if your r	Session. There are only a equest is for rooms to be		
Your reservation request should include the definite date and hour of your arrival and departure.				
. All reservations, except for suites, must be made through the Disneyland Hotel, 1441 S. West Street, Anaheim California 92802, by February 9, 1973.				
ALL SUITE RESERVATIONS MUST BE CLEARED THROUGH THE CMA CONVENTION OFFICE SAN FRANCISCO. IF YOU ARE REQUESTING A SUITE, DIRECT YOUR REQUESTS TO: CMA CONVENTION OFFICE, 693 SUTTER STREET, SAN FRANCISCO, CA. 94102.				
5. CANCELLATIONS: Please notify Disneyland Hotel, 1441 S. West Street, Anaheim, of all cancellations. CHANGES: All other changes to be made directly with hotel at all times.				
6. FIRST NIGHT DEPOSIT: PLEASE ENCLOSE THE FIRST NIGHT'S ABLE ONLY IF HOTEL IS NOTIFIED 5 DAYS BEFORE ARRIVAL		DEPOSIT. REFUND		
DISNEYLAND HOTEL				
	Standard	Deluxe		
Singles Twins or doubles Additional person in room 1 Bedroom suites 2 Bedroom suites	\$ 20.00 24.00 4.00	\$ 26.00—30.00 28.00—32.00 4.00 65.00—75.00—85.00 100.00—110.00		
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Please reserve the following accommodations for the CMA's 1973 Annual Sessi	on in Anahein	n, March 10-14.		
Single Bedroom \$Twin-Bedded \$Double Bedroom				
Arrival (date) Hour a.m p.m. Departure (date)		Hour a.m.		
THE NAME AND ADDRESS OF EACH HOTEL GUEST MUST BE LIST each person in a double or twin-bedded room, and names and addresses of all or ing reservations.	TED. Include ther persons fo	names and addresses of		
Your Name: Officer? Delegate?	Alterna	te? Speaker?		
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GUESTS' NAMES AND ADDRESSES:				

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CONTINUING MEDICAL EDUCATION ACTIVITIES IN CALIFORNIA AND HAWAII

COMMITTEE ON CONTINUING MEDICAL EDUCATION

THIS BULLETIN of information regarding continuing education programs and meetings of various medical organizations in California and Hawaii is supplied by the Committee on Continuing Medical Education of the California Medical Association. It is funded in part through a Health Services and Mental Health Administration grant to the California Committee on Regional Medical Programs; Grant No. 3 S02 RM-00019 01S1. In order that they may be listed here, please send communications relating to your future meetings or postgraduate courses two months in advance to Committee on Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102; or phone (415) 776-9400, ext. 121. Note: Please see Vol. 117 No. 4, October, 1972 issue for a list of organizations approved for Category I Credit towards the CMA Certificate in Continuing Medical Education.

ALCOHOLISM AND DRUG USE

February 3-9-Drug Abuse 1973. UCSF. One week. Part I-Symposium and seminars on new developments in drug abuse treatment, research, education and social policy. \$50. Part II—Clinical field placement. Monday-Friday. \$125. Limited enrollment.

February 10-Alcoholism-Recognition and Treatment. UCD. Saturday.

February 21-23-Workshop on Drug Information Services. UCSF and Drug Information Association at Queen Mary, Long Beach. Wednesday-Friday. Contact: Joseph L. Hirschmann, Pharm. D., Prog. Chmn., UCSF. (415) 666-4346.

CANCER

February 2-3-Eighth Annual San Francisco Cancer Symposium. Claire Zellerbach Saroni Tumor Institute of Mount Zion Hospital and Medical Center at Sir Francis Drake Hotel, San Francisco. Friday-Saturday. \$50. 13½ hrs. Contact: Harry Weinstein, M.D., Dir. Med. Educ., Mt. Zion Hosp. & Med. Ctr., P.O. Box 7921, San Francisco 94120 (415) 567-6600.

February 16-17-Radiation Therapy in Oncology. USC. Friday-Saturday.

March 5-9-Detection and Treatment of Early Breast Cancer-Twelfth Annual Conference and Symposium. American College of Radiology, National Cancer Institute, and American Cancer Society at Sheraton Harbor Island Hotel, San Diego. Monday-Friday. Contact: William C. Stronach, Exec. Dir., ACR, 20 N. Wacker Dr., Chicago 60606.

March 15-16-Clinical Cancer Conference-Eighth Annual. UCSF at St. Francis Hotel, San Francisco. Thursday-Friday.

March 15-17-Spring Cancer Conference-First Annual. USC and American Cancer Society of LA County at LAC/USC Cancer Center. Thursday-Saturday. \$75. 18 hrs. Contact: USC.

Continuously-Tumor Board-Harbor General Hospital. CRMP Area IV and Harbor General Hospital at Pathology Conference Room, Harbor General Hospital, Torrance. Fridays 2-3 p.m. Advice and consultation from specialists in surgical, medical, and radiotherapeutic treatment of cancer. Practicing physicians invited to have patients presented for discussion. Contact: John Benfield, M.D., Dept. of Surgery, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 421.

MEDICINE

January 18-19-Marriott Electrocardiography Workshop. San Diego County Heart Association at Sheraton Har-

KEY TO ABBREVIATIONS AND SYMBOLS

Medical Centers and CMA Contacts for Information

CMA: California Medical Association

Contact: Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102. (415) 776-9400, ext. 241.

Loma Linda University LLU:

Contact: John E. Peterson, M.D., Associate Dean for Continuing Medical Education, Loma Linda University School of Medicine, Loma Linda 92354. (714) 796-7311.

PMC: Pacific Medical Center

Contact: Arthur Selzer, M.D., Chairman, Education Committee, Pacific Medical Center, P.O. Box 7999, San Francisco 94120. (415) 931-8000.

STAN: Stanford University

Contact: Edward Rubenstein, M.D., Associate Dean for Postgraduate Education, Stanford University School of Medicine, 300 Pasteur Drive, Stanford 94305. (415) 321-1200, ext. 5594.

UCD: University of California, Davis

Contact: George H. Lowrey, M.D., Professor and Chairman, Department of Postgraduate Medicine, University of California, Davis, School of Medicine, Davis 95616. (916) 752-3170.

UCI: University of California — California College of Medicine, Irvine

Contact: Donald W. Shafer, M.D., Assistant Coordinator, Continuing Medical Education, Regional Medical Programs, University of California, Irvine—California College of Medicine, Irvine 92664. (714) 833-5991.

UCLA: University of California, Los Angeles

Contact: Donald Brayton, M.D., Director, Continuing Education in Medicine and the Health Sciences, P.O. Box 29402, UCLA, Los Angeles 90024. (213) 825-7241.

UCSD: University of California, San Diego

Contact: Richard A. Lockwood, M.D., Associate Dean for Health Manpower, 1310 Basic Sciences Building, University of California, San Diego, School of Medicine, La Jolla 92037. (714) 453-2000, ext. 1251.

UCSF: University of California, San Francisco

Contact: Seymour M. Farber, M.D., Dearl, Educa-tional Services and Director, Continuing Education, Health Sciences, School of Medicine, University of California, San Francisco 94122. (415) 666-1692.

USC: University of Southern California

Contact: Phil R. Manning, M.D., Associate Dean, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 90033. (213) 225-1511, ext. 203.

- bor Island Hotel, San Diego. Thursday-Friday. Contact: Charles V. Clark, Prog. Dir., SDCHA, 3640 Fifth Ave., San Diego 92103. (714) 290-7454.
- January 19—Day in Cardiology. Area II RMP and Sacramento-Yolo-Sierra County Heart Association at Mather Air Force Base, Sacramento. Friday. Contact: Gail Carter, Area II RMP, UCD.
- January 25-26-Medicine-1973. USC. Thursday-Friday.
- February 1-3—Cardiology Workshop—Second Annual. San Diego County Heart Association at U.S. Naval Hospital, San Diego. Contact: Charles V. Clark, Prog. Dir., SDCHA, 3640 Fifth Ave., San Diego 92103. (714) 290-7454.
- February 6-8-Ischemic Heart Disease. USC. Tuesday-Thursday.
- February 14-18—American College of Cardiology— Twenty-Second Annual Scientific Session. St. Francis Hotel, San Francisco. Wednesday-Sunday. Contact: Mary Anne McInerny, ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.
- February 19-20—American College of Cardiology—Reconvened Scientific Session. Sheraton Hotel, Maui. Monday-Tuesday. Contact: Mary Anne McInerny, ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.
- February 21-23—Critical Care Medicine and Circulatory Shock. USC. Wednesday-Friday.
- February 26-27—Allergy Symposium—Second Annual. S. Calif. Permanente Medical Group at Hilton Hotel, Los Angeles. Monday-Tuesday. Contact: Shirley Gach, Symp. Coord., 4900 Sunset Blvd., Room 6014, Los Angeles 90027. (213) 667-4241.
- February 28-March 2—Acute Respiratory Care—Second Annual Postgraduate Course. California Thoracic Society, Calif. Chapter, American College of Chest Physicians, American Thoracic Society, TARDAC at Beverly Hilton Hotel, Beverly Hills. Wednesday-Friday. \$125. Contact: Karl Wassermann, M.D., Chmn., Plann. Comm., 424 Pendleton Way, Oakland 94621. (415) 636-1756.
- March 3-4-Armchair Allergy. PMC. Saturday-Sunday.
- March 6-Cutaneous Medicine. USC. Tuesday.
- March 7—Edema—Pathogenesis and Treatment. LLU. Wednesday. \$30.
- March 9-Advances in Cardiology-Myocardial Function.
 USC at Huntington Memorial Hospital, Pasadena.
 Friday.
- March 10-11—Hypertension. UCLA at Sheraton Universal Hotel, Studio City. Saturday-Sunday.
- March 22-23-Diabetes. USC. Thursday-Friday.
- March 27-30—Consultant's Course in Dermatology. UCSF. Tuesday-Friday. \$150.
- March 31-April 7-North American Clinical Dermatologic Society. Vacation Village, San Diego. One week. Contact: Edmund F. Finnerty, M.D., Exec. Secy. NACDS, 510 Commonwealth Ave., Boston 02215.
- Continuously—Practical Workshops in Pulmonary Disease. USC. Wednesday evenings 7:30-10:00 p.m. November 15 through April 25, 1973. 5 courses. \$200.

- Continuously—Clinical Conferences. UCSF and Community Hospital of Santa Cruz at Community Hospital of Santa Cruz, Santa Cruz. October through June. \$45 for the series, \$7 per lecture. February 14—Diagnosis and Management of the Hyperlipidemias. March 14—Diuretic Therapy.
- Continuously—Continuing Medical Education Program. Midway Hospital, Los Angeles. Mondays, 8:00-9:00 A.M. October, 1972—June, 1973. February—Evaluation of the Colon and Pancreas. March—Acid-Base from the Metabolic Standpoint. Contact: Mr. Ira R. Alpert, Assoc. Admin., Midway Hosp., 5925 San Vicente Blvd., Los Angeles 90019. (213) 938-3161.
- Continuously—Differential Diagnosis in Internal Medicine. USC. September-May, 1973, on the fourth Thursday of each month.
- Continuously—Cardiology for the Consultant. USC. October-June, 1973, Wednesdays.
- Continuously—Renal Dialysis Traineeships. UCSF. By special arrangement.
- Continuously—Preceptorships in Biochemistry and Biophysics. UCSF. By arrangement.
- Continuously—Clinics in Dermatology. UCSF. By arrangement.
- Continuously—Cardiovascular Seminars. Mondays at 4:30 p.m. in the second floor lecture hall, Basic Science Building, UCSD. Contact: UCSD.
- Continuously—Preceptorships in Cardiology. American College of Cardiology and PMC. By arrangement. Contact: Arthur Selzer, M.D., PMC; or Miss Mary Ann McInerny, ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.
- Continuously—Biomedical Lecture Series. UCSD. Specified Wednesday at 8:00 p.m. For schedule contact UCSD.
- Continuously—Joint Continuing Medical Education Programs for South Bay Hospitals. UCSD, Bay General Hospital, Chula Vista Community Hospital, Coronado Hospital, Paradise Valley Hospital and CRMP. Programs to be held at various hospitals; January 16—Headache. Coronado Hospital. February 5—Clinical Lab and Pathology. Bay General Hospital. Contact: UCSD.
- Continuously—Neurology Conference. San Joaquin General Hospital, Stockton. Mondays, 10:00-11:30 a.m. in Conference Room 2. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.
- Continuously—Renal Conference. San Joaquin General Hospital, Stockton. First Tuesday of each month, 11:00 a.m. to 12:00 noon, Conference Room 2. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.
- Continuously—Cardiology Conference. San Joaquin General Hospital, Stockton. Third Wednesday of each month, 10:00-11:30 a.m., Conference Room 1. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—Seminar in Clinical and Public Health Aspects of Chest Diseases. Harbor General Hospital and CRMP Area IV at Harbor General Hospital, Torrance. Three hour sessions on second Friday of each month, 9-12 a.m., B-3 classroom, Chest Wards. Presentation of patients demonstrating medical, social, and public health aspects of chest disease, followed by discussion of cases. Course open to physicians, nurses, social workers and personnel concerned with detection and management of patients with chest disease. No fee. Contact: Matthew Locks, M.D., Dir., Chest Ward Service, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1245.

Continuously—Training of Physicians in Modern Concepts of Pulmonary Care. CRMP Area VI, LLU and Riverside General Hospital. Four weeks or more, scheduled by arrangement. Diagnostic and therapeutic methods in medical chest disease, physiological methodology of modern pulmonary care programs, use of new instrumentation in the field. 160 hrs. Contact: George C. Burton, M.D., LLU.

Continuously—Neurological Sciences. St. Francis Hospital of Lynwood, Lynwood. Wednesdays, 7:30-8:30 a.m. Presentations of radiological evaluations and pathological specimens of current material and review of current topics in specialty. Weekly notification of cases to be available. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3620 Imperial Hgwy., Lynwood 90262. (213) 639-5111, ext. 365.

Continuously—Continuing Education in Internal Medicine—Harbor General Hospital. CRMP Area IV and Harbor General Hospital at Harbor General Hospital, Torrance. Thursdays 12:00-1:00 p.m. Systematic review of internal medicine, lectures by faculty and visiting professors. Contact: A. James Lewis, M.D., Program Dir., Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 647.

Continuously—Training for Physicians in General Internal Medicine. CRMP Area VI and LLU at LLU. Four weeks or more, scheduled by arrangement. Bedside and classroom training, practical aspects of clinical care and management. 160 hrs. Contact: LLU.

Continuously—EKG Conference. St. Francis Hospital of Lynwood, Lynwood. Presented the first Thursday of each month, 12:00-1:30 p.m. A presentation of cases and pathology of recent coronary patients. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3630 Imperial Hgwy., Lynwood 90262. (213) 639-5111, ext. 365.

Continuously—Cardio-angiography Conference. St. Francis Hospital of Lynwood, Lynwood. Presented the second and fourth Thursday of each month, 12:00-1:30 p.m. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3630 Imperial Hgwy., Lynwood 90262. (213) 639-5111, ext. 365.

Continuously—Basic Home Course in Electrocardiography. One year postgraduate series, ECG interpretation by mail. Physicians may register at any time. \$100 (52 issues). Contact: USC.

Continuously—Cardiology Conferences—CRMP Area III.

Monthly, 2:30-5:30 p.m. at Room M112, Stanford
Medical Center, Stanford. Conferences including case
presentations of local complicated cardiological problems. Contact: William J. Fowkes, Jr., M.D., 703
Welch Road, Suite G1, Palo Alto 94304. (415) 3211200, ext. 6015.

Grand Rounds-Medicine

Tuesdays

8:30-10:00 a.m., Assembly Hall, Harbor General Hospital, Torrance. UCLA.

Neurologist in Chief Rounds. 12:30 p.m., 6 East, University Hospital of San Diego County, San Diego. UCSD.

Wednesdays

8:00 a.m., A Level Amphitheater, LLU Hospital, LLU.

1st Wednesday of each month, 10:00-11:15 a.m., Conference Room 1, San Joaquin General Hospital, Stockton.

10:30-12:00 noon. Auditorium, Medical Sciences Building. UCSF.

11:00 a.m., Room 1645, Los Angeles County-USC Medical Center. USC.

12:30 p.m., Auditorium, School of Nursing, Orange County Medical Center. UCI.

12:30-1:30 p.m., University Hospital, UCSD.

12:30-1:30 p.m., Building 22, VA Hospital, Sepulveda.

Thursdays

8:00 a.m., Sacramento Medical Center, Sacramento. UCD

10:30-12:00 noon, Room 33-105, UCLA Medical Center. UCLA.

Neurology. 11:00 a.m., 664 Science, UCSF.

Neurology. 12:30 p.m., University Hospital of San Diego County, San Diego. UCSD.

4th Thursday of each month, 12:30 p.m. in lower conference room, Huntington Intercommunity Hospital, Huntington Beach.

Fridays

8:00 a.m., Courtroom, Third Floor, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:30 a.m., Auditorium, Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles. CRMP Area IV.

Neurology. 8:30 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

1st and 3rd Fridays, 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. CRMP Area IV.

1:15 p.m., Lieb Amphitheater, Timken-Sturgis Research Bldg., La Jolla. Scripps Clinic and Research Foundation.

Rheumatology. 11:45 a.m., Room 6441, Los Angeles County-USC Medical Center, Los Angeles. USC.

OBSTETRICS AND GYNECOLOGY

January 17—Emergencies in Obstetrics. RMP Area II at St. Elizabeth's Hospital, Red Bluff. Wednesday. Contact: Ms. Gail Carter, Area II RMP, UCD. (916) 752-0328.

February 3—Obstetrics and Gynecology Conference. UCD. Saturday. \$25. 10 hrs.

February 10-11—Obstetrical and Gynecological Forum. Los Angeles Obstetrical and Gynecological Society at Beverly Hilton Hotel, Beverly Hills. Saturday-Sunday. Contact: Dee Davis, Exec. Secy., LAOGS, 5410 Wilshire Blvd., Los Angeles 90036. (213) 931-1621.

- February 10-The High Risk Mother and Fetus. UCD. Saturday.
- February 12-16—Obstetrical and Gynecological Assembly of Southern California—Annual Postgraduate Assembly. Obstetrical and Gynecological Assembly of Southern California at Beverly Hilton Hotel, Beverly Hills. Monday-Friday. Contact: Dee Davis, Exec. Secy., Ob/Gyn Assembly of Southern Calif., 5410 Wilshire Blvd., Los Angeles 90036. (213) 931-1621.
- March 5-9-Obstetric Anesthesia Conference. USC at Kona Surf Hotel, Kona, Hawaii. Monday-Friday.
- Continuously—Preceptorships in Obstetrics and Gynecology—Aspiration Abortion. UCSF. By arrangement.
- Continuously—Ob/Gyn Conference. San Joaquin General Hospital, Stockton. Mondays, 12:00-1:30 p.m. in Doctors' Dining Room. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Grand Rounds-Obstetrics and Gynecology

Mondays

10-11:30 a.m., Assembly Room, First Floor, Harbor General Hospital, Torrance. UCLA.

10:30 a.m., Auditorium, Womens Hospital, Los Angeles County-USC Medical Center, Los Angeles. USC.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU.

Tuesdays

9:00 a.m., Fifth Floor Auditorium, Room 53-105, UCLA Medical Center. UCLA.

Wednesdays

8:00 a.m., Conference Room, Sacramento Medical Center, Sacramento. UCD.

Fridays

8:00 a.m., Auditorium, Orange County Medical Center. UCI.

Saturdays

8:00 a.m., Executive Dining Room, University Hospital of San Diego County, San Diego. UCSD.

PEDIATRICS

- January 18-20-Youth-Roles in Society. USC and Children's Hospital of Los Angeles at USC. Thursday-Saturday. 15 hrs.
- January 26-28-Pediatric Anesthesiology-11th Annual Clinical Conference. Children's Hospital of Los Angeles at Ambassador Hotel, Los Angeles. Friday-Sunday. \$100. 15 hrs. Contact: Wayne Herbert, M.D., Prog. Dir., Children's Hospital, 4650 Sunset Blvd., Los Angeles 90054. (213) 663-3341 ext. 262.
- January 27—Behavioral Aspects of Learning. Orange County Medical Association, Area VIII RMP and Children's Hospital of Orange County at Marymount College Auditorium, Orange. Saturday. 7½ hrs. Contact: Robert T. Blough, Assoc. Exec. Secy., OCMA, 300 S. Flower St., Orange 92669, (714) 532-6511.

- January 27-28—Nuclear Medicine in Pediatrics. UCSF and Children's Hospital, San Francisco at Children's Hospital, San Francisco. Saturday-Sunday. Contact: UCSF
- February 27-Pediatric Cardiology. UCSF and Children's Hospital, San Francisco at Children's Hospital, San Francisco. Tuesday.
- March 2-4—Combined Southern California Pediatric Postgraduate Meeting. Children's Hospital of Los Angeles at El Mirador Hotel, Palm Springs. Friday-Sunday. \$50. 12 hrs. Contact: James S. Apthorp, M.D., Children's Hospital, 4650 Sunset Blvd., P.O. Box 54600, Los Angeles. (213) 663-3341.
- Continuously-Preceptorships in Pediatrics. UCSF. By arrangement.
- Continuously—Pediatric Cardiology Conference. UCSD, Third Floor Conference Room, University Hospital. Clinical review of cases planned for the week, Tuesdays at 7:30 a.m.; Clinical review of data obtained, Fridays at 1:30 p.m. Contact: UCSD.
- Continuously—Pediatric Research Seminar. UCSD. Mondays, 12:00 noon-1:00 p.m.
- Continuously—Pediatrics Clinical Conference. San Joaquin General Hospital, Stockton. Wednesdays, 10:00-11:15 a.m., Conference Room 3. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.
- Continuously—Pediatric-Cardiology Conference. San Joaquin General Hospital, Stockton. Third Thursday of each month, 9:30-11:00 a.m., Conference Room 2. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.
- Continuously—Pediatric Conference. Cedars-Sinai Medical Center, Los Angeles. Thursdays weekly, 8:30-9:30 a.m. Contact: B. M. Kagan, M.D., Cedars-Sinai Med. Center, 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111, ext. 181.

Grand Rounds—Pediatrics

Tuesdays

8:00 a.m., Childrens Hospital Medical Center, Oakland.

8:00 a.m., Auditorium, Pediatric Pavilion, Los Angeles County-USC Medical Center, Los Angeles. USC.

8:30 a.m., Room 4-A, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:30 a.m., Pathology Auditorium, San Francisco General Hospital.

8:30 a.m., University Hospital of San Diego County, San Diego. UCSD.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU.

Wednesdays

8-9:00 a.m., held alternately at Auditorium, Orange County Medical Center and Auditorium, Childrens Hospital of Orange County. UCI.

8:30 a.m., Bothin Auditorium, Childrens Hospital, San Francisco.

Thursdays

8:30-10:00 a.m., Room 664, Science Building, UCSF. 8:30-9:30 a.m., Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles.

8:30 a.m., First Floor Auditorium, Harbor General Hospital, Torrance.

Fridays

8:00 a.m., Lecture Room, A Floor, Health Sciences Center, UCLA. CRMP Area IV.

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

8-9:00 a.m., Lecture Hall, Childrens Hospital of Los Angeles.

8:30 a.m., Room M104, Stanford University Medical Center, STAN.

9:30-11:00 a.m., Conference Room 2, San Joaquin General Hospital, Stockton.

Infectious Disease. 10:00 a.m., Auditorium, Childrens Division Building, Los Angeles County-USC Medical Center, Los Angeles. USC.

PSYCHIATRY

January 19-21—Anorexia Nervosa and Obesity. Southern Calif. Society for Adolescent Psychiatry at La Costa Resort, Rancho la Costa. Friday-Sunday. Contact: Doris Perva, M.D., 465 Roxbury Dr., Beverly Hills 90210. (213) 275-2222.

January 27—Behavioral Aspects of Learning. See Pediatrics, January 27.

March 17—Program at Napa State Hospital. UCSF and Napa State Hospital at Napa State Hospital. Saturday. Contact: UCSF.

Continuously—Group Methods. V.A. Mental Health Clinic and UCSF at V.A. Mental Health Clinic, Oakland. January through March 1973. Wednesdays.

Continuously—Preceptorships in Psychiatry. UCSF. By arrangement.

Continuously—Southern California Psychiatric Society— Monthly Scientific Program. SCPS at UCLA. Second Monday of each month, November-March 1973. 8:00 p.m. Contact: Eleanor Kranther, Exec. Sec., SCPS, 9713 Santa Monica Blvd., Beverly Hills 90210 (213) 271-7219.

Grand Rounds-Psychiatry

Wednesdays

10:30 a.m., Sacramento Medical Center, Sacramento. UCD.

RADIOLOGY AND PATHOLOGY

February 2-4-Midwinter Radiological Conference. Los Angeles Radiological Society at Century Plaza Hotel, Los Angeles. Friday-Sunday. \$40. Contact: William Kimball, M.D., 540 North Central Ave., Glendale 92103

February 6-8—Genito-Urinary and Pediatric Radiology. USC at El Mirador Hotel, Palm Springs. Tuesday-Thursday. February 9-16—American Society of Clinical Pathologists. Sheraton Waikiki Hotel, Honolulu. Eight days. Contact: George F. Stevenson, M.D., 2100 West Harrison St., Chicago 60612.

February 16-17-Radiation Therapy in Oncology. See Cancer, February 16-17.

March 7-8-Ultrasound. USC. Wednesday-Thursday.

March 8-9-Semi-Conductor Detectors in Medicine. UCSF at Hyatt House, Union Square, San Francisco. Thursday-Friday.

March 12-16—Diagnostic Radiology. UCSF at Fairmont Hotel, San Francisco. Monday-Friday.

March 29-31—Special Application of Liquid Scintillation Counting. UCSF. Thursday-Saturday.

Continuously—Cytopathology Tutorial Program. UCSF. Courses may be arranged throughout the year on the basis of individual needs and goals; fees are prorated accordingly. Arrangements should be discussed with instructor, Eileen B. King, M.D., Dept. of Pathology, UCSF. (415) 666-2919.

Continuously—Orange County Radiological Society—Film Reading Sessions. Orange County Medical Center, Orange. First Tuesday of each month, 7:30-9:00 p.m., September, 1972-June, 1973. Contact: Edward I. Miller, M.D., Program Chairman, OCRS, 301 Newport Blvd., Newport Beach 92660. (714) 548-0651.

Continuously—UCSF Radiology Rounds, Seminars, and Conferences. Weekly meetings October-May. Department of Radiology, UCSF. Open to all physicians without charge. Radiology Chest Conferences, Angiocardiography Rounds, Diagnostic Radiology Seminars, Neuroradiology Seminars, Radiation Therapy Seminars. For schedule information contact: UCSF.

Continuously—Principles and Clinical Uses of Radioisotopes. UCSF. Fundamentals for the proper understanding and use of radioactivity in clinical medicine. Training in diagnostic and therapeutic uses of radioisotopes. Normal period of training: 3 months. Two part course: Part A, Basic Fundamentals; Part B, Clinical Applications.

Continuously—Scintillation Camera Workshop. UCSF. Workshops provided for physicians and nuclear medicine technologists by special arrangement, limited to 30 trainees per workshop. One or two day intensive training periods, basic instruction in scintillation camera theory, scintographic principles and scintiphotographic interpretations. \$50. Contact: UCSF.

Continuously—Scintograph Interpretation. UCSF and Nuclear Medicine Section, Department of Radiology, UCSF. By special arrangement, designed to furnish physicians with an opportunity to participate in the daily activities of a university laboratory. Two-week training period participation in daily interpretation conferences, correlation conferences, routine training conferences. \$175. Contact: UCSF.

Grand Rounds-Radiology-Pathology

Mondays

Pathology. 1:00 p.m., Sacramento Medical Center, Sacramento. UCD.

SURGERY AND ANESTHESIOLOGY

- January 17-19-Sierra Traumatological Society-Second Annual Meeting. San Joaquin County Medical Society at Mt. Reba, Bear Valley. Wednesday-Friday. Contact: Clarence Luckey, M.D., Box 230, Stockton 95201.
- January 18-19-Retinal Detachment. PMC. Thursday-Friday. 16 hrs.
- January 20-21—Orthopedic Surgical Anatomy (Neck, Upper & Lower Extremity, Excluding Hand). See Of Interest to All, January 20-21.
- January 26-28—Pediatric Anesthesiology—11th Annual Clinical Conference. See Pediatrics, January 26-28.
- January 27—Blood Gases. PMC. Saturday. 8 hrs.
- January 28-31—Theodor Bilroth Course in Surgical Anatomy. LLU. Sunday-Wednesday.
- February 14-15-Otolaryngology. USC. Wednesday-Thursday.
- February 16—Nephrology Conference. Area II RMP at Sutter Memorial Hospital, Sacramento. Friday. Contact: Ms. Gail Carter, Area II RMP, UCD. (916) 752-0328.
- February 17-Orthopedic Surgical Anatomy of the Wrist and Hand. See Of Interest to All, February 17.
- February 22-25—Controversial Areas in Surgery of the Head and Neck—Second Annual Symposium. UCSD Div. of Otolaryngology at Vacation Village Hotel, San Diego. Thursday-Sunday. Contact: Alan Nahum, M.D., University Hospital of San Diego County, San Diego 92103.
- March 2-3-Proctology. UCSF. Friday-Saturday.
- March 8-10—Neurology—Recent Advances, UCSF. Thursday-Saturday.
- March 14-17—Gastroenterology. Contact: UCLA. Wednesday-Saturday.
- March 16-Day in Urology. UCD. Friday.
- March 16-18—Association of University Anesthetists. Holiday Inn, San Francisco. Friday-Sunday. Contact: C. Philip Larson, Jr., M.D., Secy., AUA, Dept. of Anesthesia, UC Med. Ctr., San Francisco 94122.
- March 16-25—American Society of Abdominal Surgeons. Sheraton Waikiki Hotel, Honolulu. Ten days. Contact: Blaise F. Alfano, M.D., Exec. Secy., ASAS, 675 Main St., Melrose, Mass. 02176.
- March 17—Orthopedic Pathology. See Of Interest to All, March 17.
- March 17-21—Controversial Areas in Surgery. Contact: UCLA. Saturday-Wednesday.
- March 19-21—G. Mosser Taylor Course in Orthopedic Surgical Anatomy. LLU. Monday-Wednesday.
- March 27-28—Faculty Workshop in Glaucoma. UCSF. Tuesday-Wednesday. \$150.
- March 29-30—Surgical Decisions in Glaucoma. UCSF at St. Francis Hotel, San Francisco. Thursday-Friday. \$150.

- Continuously—Orthopedic Trauma Conference. USC at Los Angeles County-USC Medical Center. Mondays, 7:00-9:00 p.m. Contact: Dept. of Orthopedics, USC School of Med., 2025 Zonal Ave., Los Angeles 90033. (213) 225-3131.
- Continuously—Preceptorships in General Surgery. UCSF. By arrangement.
- Continuously—Preceptorships in Neurological Surgery. UCSF. By arrangement.
- Continuously—Preceptorships in Urology. UCSF. By arrangement.
- Continuously—Training for Physicians in Nephrology. CRMP Area VI and LLU at LLU. Courses of four weeks or more available, to be scheduled by arrangement. Hemodialysis, peritoneal dialysis, renal biopsy, and kidney transplantation. 160 hrs. Contact: Stewart W. Shankel, M.D., LLU.
- Continuously—Thoracic Surgery Conference. San Joaquin General Hospital, Stockton. Fourth Wednesday of each month, 9:00-10:30 a.m., Conference Room 1. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.
- Continuously—Medical Surgical Conference. San Joaquin General Hospital, Stockton. Second Wednesday of each month, 10:00-11:15 a.m., Conference Room 1. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.
- Continuously—Orthopaedic Audio-Synopsis Foundation. A non-profit service for Orthopaedic Surgeons publishing monthly recorded teaching programs which include summaries of pertinent literature and excerpts from leading national and international meetings. Twelve monthly c-60 cassette tapes. Annual subscription rate \$72. (\$50 for residents). Contact: J. Tonn, Man. Ed., OASF, 6317 Wilshire Blvd., Los Angeles 90048. (213) 986-0131.

Grand Rounds—Surgery

Tuesdays

Orthopedic Surgery. 8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

Urology. 7:30 a.m., Sacramento Medical Center, Sacramento. UCD.

Wednesdays

7:15 a.m., Auditorium, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:00-10:00 a.m. San Joaquin General Hospital, Stockton.

1st and 3rd Wednesdays. 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. CRMP Area IV.

3:30 p.m., Sacramento Medical Center, Sacramento. UCD.

Thursdays

Neurology and Neurosurgery. 11:00-12:15, Room 663, Science Building, UCSF.

Fridays

1:00-2:00 p.m., Auditorium, Orange County Medical Center, Orange. UCI.

Neurosurgery. 9:30 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

Saturdays

8:00 a.m., Auditorium, 1st floor, University Hospital of San Diego County, San Diego, UCSD.

Urology. 8:00 a.m., 3rd floor conference room, University Hospital of San Diego County, San Diego. UCSD.

8:30 a.m., Assembly Room, Harbor General Hospital, Torrance. CRMP Area IV.

9:00 a.m., Room 73-105, Health Sciences Center, UCLA. CRMP Area IV.

Orthopedics. 10:00 a.m. Auditorium of the Children's Division, Los Angeles County-USC Medical Center. The third Saturday of each month. USC.

OF INTEREST TO ALL PHYSICIANS

- January 15-17—Medical-Surgical Conference on Infectious Diseases. Commander-in-Chief, US Pacific Fleet and University of Hawaii at Pearl Harbor, Hawaii. Monday-Wednesday. Contact: Harris S. Vernick, M.D., Medical Dept., Naval Air Station FPO San Francisco 96611.
- January 18-20—Dermatology for General Practitioners. UCSF. Thursday-Saturday.
- January 20-21—Orthopedic Surgical Anatomy (Neck, Upper Extremity, Lower Extremity, Excluding Hand).
 S. Calif. Div., International College of Surgeons and Los Angeles Orthopaedic Hospital at Orthopaedic Hospital, Los Angeles. \$100. 20 hrs. Contact: Darline Murphy, Exec. Secy., S. Calif. Div. ICS, 136 N. Brighton, Burbank 91506. (213) 846-0669.
- January 21-27-Fourth Annual Family Refresher Course. UCI. One week.
- January 26-27—Infections Control Conference. CMA, CRMP Areas II and III, Calif. State Dept. of Public Health, at Jack Tar Hotel, San Francisco. Friday-Saturday. Contact: Lois Ann Shearer, Bur. Commun. Dis. Control, Calif. State Dept. Public Health, 2151 Berkeley Way, Berkeley 94704. (415) 843-7900, ext. 563.
- January 29-March 12—Postgraduate Course for Physicians—Nineteenth Annual. Contra Costa County Heart Association at Holiday Inn, Concord. Mondays (except February 13, no meeting third week of February). Contact: Grace B. Mann, Exec. Dir., Contra Costa County Heart Assn., 1440 Crokaerts Road, Walnut Creek, 94596. (415) 935-1060.
- January 30—Emergency Room Care Conference. Area II RMP at Glenn General Hospital, Willows. Tuesday. Contact: Ms. Gail Carter, Area II RMP, UCD. (916) 752-0328.
- January 31-February 2-1973 San Diego Biomedical Symposium. UCSD at Sheraton Harbor Island Hotel, San Diego. Wednesday-Friday.
- January 31-February 3-Fourth Annual Conference on the Physician and the Hospital. USC at Ahwahnee Hotel, Yosemite. Wednesday-Saturday.

- February 2-4—Interdisciplinary Symposium—Transsexual Disease. STAN. Friday-Sunday.
- February 3-Abnormal Laboratory Data: Evaluation and Follow-Up. Cardiac Enzymes and Liver Function Studies. PMC. Saturday.
- February 7-9—Course for Physicians in General Practice. UCSF and Mount Zion Hospital at Mount Zion Hospital, San Francisco. Wednesday-Friday. Contact: UCSF.
- February 14—Sleep Disorders—A New Clinical Discipline. STAN. Wednesday.
- February 17—Orthopedic Surgical Anatomy of the Wrist and Hand. So. Calif. Div. International College of Surgeons and Los Angeles Orthopaedic Hospital at Orthopaedic Hospital, Los Angeles. Saturday. \$50. 10 hrs. Contact: Darline Murphy, Exec. Secy., So. Calif. Div. ICS, 136 N. Brighton, Burbank 91506. (213) 846-0669.
- February 22-Biomedical Lecture Series. UCSD. Thursday.
- February 23—Myasthenia Gravis—Current Concepts of Diagnosis and Management for the Practicing Physician. Calif. Chapter, Myasthenia Gravis Foundation and UCSD at Hilton Inn, Mission Bay, San Diego. Friday. Contact: Myasthenia Gravis Foundation, 237 S. Catalina St., Los Angeles 90004.
- February 23-24—American College of Physicians, Southern California Regional Meeting. Riviera Hotel, Palm Springs. Friday-Saturday. Contact: Edward M. Boland, M.D., Governor, 321 N. Larchmont Blvd., Los Angeles 90004.
- February 23-March 1-Postgraduate Convention. LLU. One week.
- February 24-25—Medical Geography and Human Ecology. UCSF. Saturday-Sunday.
- February 26-28-Sports Medicine. UCSF at Sahara Hotel, Lake Tahoe. Monday-Wednesday.
- February 26-28—American College of Physicians, Air Force Regional Meeting. Holiday Inn, Fairfield. Monday-Wednesday. Contact: Col. Ernest J. Clark, USAF, MC, Hdqtrs., USAF (SGPAC) 10th and Independence Ave., Washington, D.C. 20314.
- February 26-March 2—Basic Science for Clinicians—Interdepartmental Postgraduate Course. STAN. Monday-Friday. \$235.
- March 2-3—American College of Physicians, Northern California and Nevada Regional Meeting. Del Monte Hyatt House Hotel, Monterey. Friday-Saturday. Contact: John R. Gamble, M.D., Governor, 4026 Spring Mountain Rd., St. Helena 94574. (707) 963-3340.
- March 3-Utilization Review in Hospitalized Patients. UCSF and St. Francis Hospital at St. Francis Hospital, San Francisco. Saturday.
- March 5-8—Problems of International Health. American College of Physicians and Dept. of the Navy at Le-Baron Hotel, San Diego. Monday-Thursday. Contact: Registrar, Postgraduate Courses, ACP, 4200 Pine St., Philadelphia 19104. (215) 222-8120.
- March 8-9-Semi-Conductor Detectors in Medicine. UCSF. Thursday-Friday.

- March 10-Abnormal Laboratory Data for Podiatrists. PMC. Saturday.
- March 10-14—CALIFORNIA MEDICAL ASSOCIA-TION. 102nd ANNUAL SESSION. Disneyland Hotel, Anaheim. Saturday-Wednesday. Contact: CMA.
- March 14-16—Clinical Pharmacology—Rational Basis of Therapeutics. UCSF and American College of Physicians at UCSF. Wednesday-Friday. Contact: Registrar, Postgraduate Courses, ACP, 4200 Pine St., Philadelphia 19104. (215) 222-8120.
- March 16-17—Arthritis. USC and Children's Hospital of Los Angeles at Children's Hospital, Los Angeles. Friday-Saturday. Contact: USC.
- March 17—Orthopedic Pathology. So. Calif. Div., International College of Surgeons and Los Angeles Orthopaedic Hospital at Orthopaedic Hospital, Los Angeles. Saturday. \$50. 10 hrs. Contact: Darline Murphy, Exec. Secy., So. Calif. Div., ICS, 136 N. Brighton, Burbank 91506. (213) 846-0669.
- March 21-24-Biofeedback Conference. UCI. Wednes-day-Saturday.
- March 22-24—Intensive Interview Seminar. UCD. Thursday-Saturday.
- March 24-Abnormal Laboratory Data-Evaluation and Follow-Up. Complete Blood Count and Coagulation Screening Tests. PMC. Saturday.
- March 24—Tuberculosis and the Family Physician. UCSF. Saturday.
- March 30-Nutritional Problems in Medical Practice. UCD. Friday.
- Continuously—The Care of The Critically Ill Patient.

 Merced-Mariposa County Medical Society and STAN at Merced General Hospital, Merced. April 1972 through June 1973. 9:00-11:00 A.M. \$25. February 14 G.I. Hemorrhage. March 8—Use of Blood Components. April 11—Obstetrical Emergencies. Contact: Mrs. Iva D. Rutledge, Exec. Secy., P.O. Box 549, Merced 95340.
- Continuously—Workshops for Family Physicians. UCSD and RMP Area VII. November 1972 through May 1973. First and Second Wednesday of each month. 7:00-10:30 p.m. \$25 per lecture. 7 hrs. each.
- Continuously—Round Tables with Pacific Medical Center. PMC and Sonoma Valley Hospital at Sonoma Valley Hospital, Sonoma. Second Monday of each month in Dining Room of the hospital, 8:00-10:00 p.m. \$100 per series, \$15 per session. Contact: William J. Newman, M.D., P.O. Box B, Sonoma 95476. (707) 996-3621.
- Continuously—Medline—A New Computer Storage and Retrieval System. The data base for the system is housed in a central computer in the National Library of Medicine in Bethesda, Maryland. It includes almost 420,000 titles from 1,100 medical journals dating back to January 1, 1969. Each reference in the system contains author, source, date published, language and those subject headings assigned to it by the National Library of Medicine indexers. A reference can be retrieved through any combination of the above data elements. At present there is no charge for this service. At this time the following eight areas may be contacted:

- UCSF; Health Sciences Library, UCD; Lane Medical Library, Stanford; UCLA Biomedical Library; Norris Medical Library, USC; Loma Linda University Library; Medical Sciences Library, UCI; and Biomedical Library, UCSD.
- Continuously—Mission Community Hospital Program.

 UCI and Mission Community Hospital at Mission

 Community Hospital, Mission Viejo. Tuesdays at

 noon. Contact: UCI for schedule and further information.
- Continuously—Chapman General Hospital Program. UCI and Chapman General Hospital at Chapman General Hospital, Orange. Mondays at noon. Contact: UCI for schedule and further information.
- Continuously—Dynamics of the Family—Psychiatry. UCI at Orange County Medical Center, Orange. \$200. September through June.
- Continuously—Basic Science Correlation in Disease. VA Hospital, Sepulveda. Wednesday evenings, September 16-June 23. Contact: Michael Geokas, M.D., Ph.D., Chief, Medical Service, VA Hospital, Sepulveda 91343. (213) 894-8271.
- Continuously—Basic Science Lecture Series. UCSD. Mondays, 4:00 p.m., third floor conference room, University Hospital of San Diego County, San Diego. Contact: UCSD.
- Continuously—Audio-Digest Foundation. A non-profit subsidiary of CMA. Twice-a-month tape recorded summaries of leading national meetings and surveys of current literature. Services by subscription in: General Practice, Surgery, Internal Medicine, Ob/Gyn, Pediatrics, Psychiatry, Anesthesiology, Ophthalmology, Otorhinolaryngology. Catalog of lectures and panel discussions in all areas of medical practice also available. \$75 per year. Contact: Mr. Claron L. Oakley, Editor, Suite 700, 1930 Wilshire Blvd., Los Angeles 90057. (213) 483-3451.
- Continuously—Medical Media Network. Programs and study guides produced in association with faculties of major medical schools and centers throughout California. MMN administered by University Extension, UCLA. Subscriptions for all California hospitals, rental or purchase, 16 mm, super 8 mm, one-inch videotape. Provides physicians throughout the state with current educational programs in local hospitals. Consult the nearest MMN Hospital regarding time and date for viewing. Contact: Kathryn Alexander, Commun. Coord., MMN, 10995 Le Conte Ave., Los Angeles 90024. (213) 825-1791.
- Continuously—Stanford Speaker's Bureau for Environmental Topics. Stanford University Committee for Environmental Information. Provides on request speakers and programs on environmental topics. Air pollution, water pollution and water conservation issues, radiation hazards and radiation technology, pesticides and their ecological problems, medicine's responsibilities in the environmental-ecology crisis and others. Contact: STAN.
- Continuously—Stanford-Mills Memorial Hospital Continuing Education Program. STAN at Mills Memorial Hospital, San Mateo. Tuesday-Friday weekly. Basic Science for the Clinician, Grand Rounds, Intensive Care. Contact: STAN.



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Arizona Chapter
American College of Surgeons
Arizona Society of Anesthesiologists
Annual Meeting February 9-10, 1973

Sheraton-Pueblo Inn, Tucson, Arizona Contact: Peter J. Whitney, M.D., FACS 1011 N. Craycroft Blvd., Tucson, Az 85711

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This man governs an empire—the section of heach that he combs—and he may have much in common with a business tycoon. Both may be ulcer-prone for similar reasons: both may be difficult to please—both may be demanding, especially of themselves. While there are many types of diodenal ulcer patients, it has been noted that characteristically, these individuals are not easily satisfied.

Measuring oneself against one's own expectations or against those of society may be equally trying—equally anxiety-provoking. It is hard to win when both success and failure can demand a similar price.

If the ulcer patient were to modify his expectations, he would experience less anxiety—and perhaps fewer ulcer attacks. In most cases, this would mean altering the entire constellation of psychological attitudes. Many are unwilling to do so, and many are unable. But while the patient is trying to make his best adjustment to his ulcer, he often needs therapeutic relief for both the undue anxiety with which he may be plagued and the hypersecretion and hypermotility that cause pain and spasm.

*Palmer, E. D.: Clinical Gastroenterology, ed. 2, New York, Hoeber Medical Division, Harper & Row, 1963, p. 206.

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Librax can relieve excessive anxiety, thereby helping to reduce pain and spasm

Since duodenal ulcer is frequently associated with excessive anxiety and tension, therapy logically demands relief from both the psychic and the somatic discomfort. Librax can help provide this dual relief. Only Librax provides in a single capsule both the antianxiety action of Librium® (chlordiazepoxide HCl) and the antisecretory/antispasmodic action of Quarzan® (clidinium Br). With Librax, the patient usually tends to react less strongly to anxiety-provoking situations, and hypersecretion and hypermotility are also reduced. A reduction of associated pain and spasm can also be expected, and often ulcer attacks become fewer and farther between!

Up to 8 capsules daily in divided doses

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Edited by Howard F. Conn, M.D., and Rex B. Conn, Jr., M.D. 1085 pp. \$25. June 1971.

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Prolonged or excessive use of Anusol-HC might produce systemic corticosteroid effects.

Symptomatic relief should not delay definitive diagnosis or treatment.

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Anusol-HC: One suppository in the morning and one at bedtime for 3 to 6 days or until the inflammation subsides.

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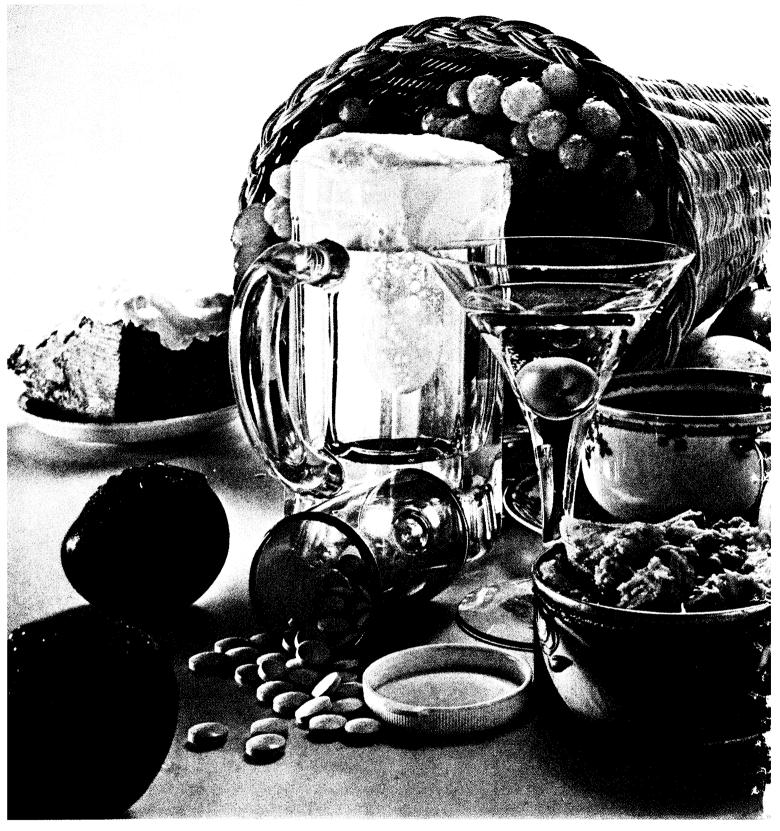
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IMPORTANT INFORMATION: This is a Schedule V substance by Federal law; diphenoxylate HCl is chemically related to meperidine. In case of overdosage or individual hypersensitivity, reactions similar to those after meperidine or morphine overdosage may occur; treatment is similar to that for meperidine or morphine intoxication (prolonged and careful monitoring). Respiratory depression may recur in spite of an initial response to Nalline® (nalorphine HCl) or may be evidenced as late as 30 hours after ingestion. LOMOTIL IS NOT AN INNOCUOUS DRUG AND DOSAGE RECOMMENDATIONS SHOULD BE STRICTLY ADHERED TO, ESPECIALLY IN CHILDREN THIS MEDICATION SHOULD BE KEPT OUT OF REACH OF CHILDREN.

Indications: Lomotil is effective as adjunctive therapy in the management of diarrhea.

apy in the management of diarrhea.

Contraindications: In children less than 2 years, due to the decreased safety margin in younger age groups, and in patients who are jaundiced or hypersensitive to diphenoxylate HCI or atropine.

Warnings: Use with caution in young children, because of variable response, and with extreme caution in patients with cirrhosis and other advanced hepatic disease or abnormal liver function tests, because of possible hepatic coma. Diphenoxylate HCI may potentiate the action of barbiturates, tranquilizers and alcohol. In theory, the concurrent use with monoamine oxidase inhibitors could precipitate hypertensive crisis.

Isage in pregnancy: Weigh the potential benefits

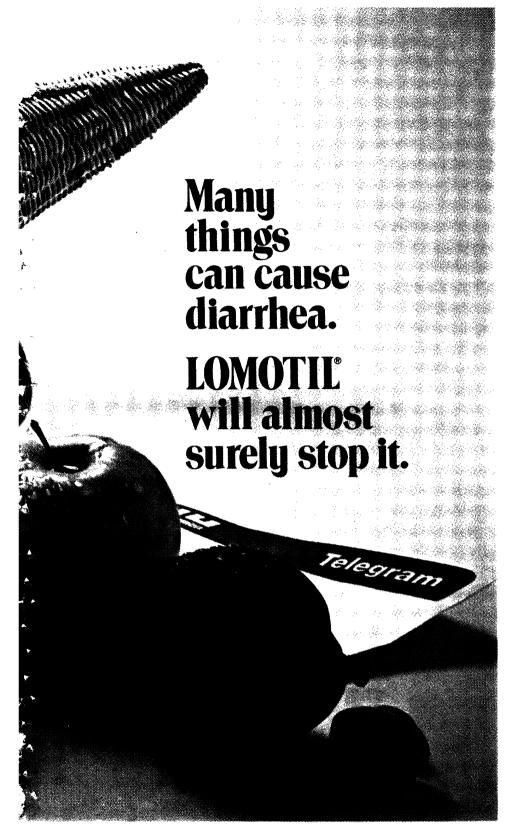
hypertensive crisis.

Usage in pregnancy: Weigh the potential benefits against possible risks before using during pregnancy, lactation or in women of childbearing age. Diphenoxylate HCl and atropine are secreted in the

breast milk of nursing mothers.

breast milk of nursing mothers. Precautions: Addiction (dependency) to diphenoxylate HCI is theoretically possible at high dosage. Do
not exceed recommended dosages. Administer with
caution to patients receiving addicting drugs or
known to be addiction prone or having a history of
drug abuse. The subtherapeutic amount of atropine
is added to discourage deliberate overdosage;
strictly observe contraindications, warnings and precautions for atropine; use with caution in children
since signs of atropinism may occur even with the
recommended dosage.

Adverse reactions: Atropine effects include dryness
of skin and mucous membranes, flushing and urinary retention. Other side effects with Lomotil include nausea, sedation, vomiting, swelling of the
gums, abdominal discomfort, respiratory depression,
numbness of the extremities, headache, dizziness,
depression, malaise, drowsiness, coma, lethargy.



anorexia, restlessness, euphoria, pruritus, angioneurotic edema, giant urticaria and paralytic ileus. Dosage and administration: Lomotil is contraindicated in children less than 2 years old. Use only Lomotil liquid for children 2 to 12 years old. For ages 2 to 5 years, 4 ml. (2 mg.) ti.d.; 5 to 8 years, 4 ml. (2 mg.) ti.d.; 5 to 8 years, 4 ml. (2 mg.) 4 ml. (2 mg.) 5 times daily; adults, two tablets (5 mg.) q.i.d. or two regular teaspoonfuls (10 ml., 5 mg.) q.i.d. Maintenance dosage may be as low as one fourth of the initial dosage. Make downward dosage adjustment as soon as initial symptoms are controlled.

Overdosage: Keep the medication out of the reach of children since accidental overdosage may cause severe, even fatal, respiratory depression. Signs of overdosage include flushing, lethargy or coma, hypotonic reflexes, nystagmus, pinpoint pupils, tachycardia and respiratory depression which may occur

12 to 30 hours after overdose. Evacuate stomach by lavage, establish a patent airway and, when necessary, assist respiration mechanically. Use a narcotic antagonist in severe respiratory depression. Observation should extend over at least 48 hours. Dosage forms: Tablets, 2.5 mg. of diphenoxylate HCI with 0.025 mg. of atropine sulfate. Liquid, 2.5 mg. of diphenoxylate HCI and 0.025 mg. of atropine sulfate per 5 ml. A plastic dropper calibrated in increments of ½ ml. (total capacity, 2 ml.) accompanies each 2-oz. bottle of Lomotil liquid.

Dosage forms: Tablets, 2.5 mg. of diphenoxylate HCI with 0.025 mg. of atropine sulfate. Liquid, 2.5 mg. of diphenoxylate HCI and 0.025 mg. of atropine sulfate per 5 ml. A plastic dropper calibrated in increments of ½ ml. (total capacity, 2 ml.) accompanies each 2-oz. bottle of Lomotil liquid.

The causes of diarrhea are as varied as man's complaints and indiscretions. Because the causes of diarrhea can be obscure and because uncontrolled diarrhea can present serious problems, it is important to know a drug that will usually stop diarrhea promptly. For many physicians, the antidiarrheal drug of choice is Lomotil. It provides almost certain control of diarrhea.

It is also useful in controlling the intestinal transit time of patients with ileostomies and colostomies and the diarrhea occurring after gastric surgery.

Serious side effects are infrequent with Lomotil. It should be used with caution in young children, however, because of their variability in response. Use of Lomotil in children under two years of age is contraindicated.

For the almost certain control of diarrhea.

TABLETS/LIQUID

Each tablet and each 5 ml. of liquid contain:
Diphenoxylate hydrochloride . . . 2.5 mg.
(Warning: may be habit forming)
Atropine sulfate 0.025 mg.

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SEARLE & CO. San Juan, Puerto Rico 00936

Address medical inquiries to: G. D. Searle & Co., Medical Department Box 5110, Chicago, Illinois 60680



MINOCIN made the difference in just eight days.

Clinical Data:

Patient: 47-year-old male.

Diagnosis: Severe pyoderma, left hand. Culture: Staphylococcus aureus, coagulase

positive and sensitive to MINOCIN.

Temperature: 102° F

Therapy: MINOCIN Minocycline HCI Capsules, 100 mg: 200 mg stat, 100 mg every 12 hours. Medication began 9/7/71. By fourth day, temperature was normal and pustular lesions considerably improved. Last dose

taken 9/14/71. Concomitant therapy: None.†



Minocycline is a tetracycline with activity against a wide

Minocycline is a tetracycline with activity against a wide range of gram-negative and gram-positive organisms.

Contraindications: Hypersensitivity to any tetracycline.

Warnings: The use of tetracyclines during tooth development (last half of pregnancy, infancy and childhood to the age of 8 years) may cause permanent discoloration of the teeth (yellow-gray-brown). This is more common during long-term use tow-gray-brown). This is more common during long-term use but has been observed following repeated short-term courses. Enamel hypoplasia has also been reported. Tetracyclines, therefore, should not be used in this age group unless other drugs are not likely to be effective or are contraindicated. In renal impairment, usual doses may lead to excessive accumulation and liver toxicity. Under such conditions, use lower doses, and, in prolonged therapy, determine serum levels. Photosensitivity manifested by an exaggerated sunburn reaction has been observed in some individuals taking tetracyclines. Advise patients apt to be exposed to direct sunlight or ultraviolet light that such reaction can occur, and discontinue treatment at first evidence of skin erythema. Studies to date indicate that photosensitivity does not occur with MINOCIN Minocycline HCI. In patients with significantly impaired renal function, the antianabolic action of tetracycline may cause an increase in BUN, leading to azotemia, hyperphosphatemia, and acidosis. Pregnancy: In animal studies, tetracyclines cross the placenta, are found in fetal tissues, and can have toxic effects on the developing fetus (often related to retardation of skeletal development). Embryotoxicity has been noted in animals treated early in pregnancy. Safety of use during human pregnancy has not been established. Newborns, infants and children: All tetracyclines form a stable calcium complex in any bone-forming tissue. Pre-matures, given oral doses of 25 mg./kg. every 6 hours, dem-onstrated a decrease in fibula growth rate, reversible when drug was discontinued. Tetracyclines are present in the milk of lactating women who are taking a drug of this class. Safe use has not been established in children under 13.

Precautions: Use may result in overgrowth of nonsusceptible organisms, including fungi. If superinfection occurs, institute appropriate therapy. In venereal diseases when coexistent syphilis is suspected, darkfield examination should be done before treatment is started and blood serology repeated monthly for at least four months. Patients on anticoagulant therapy may require downward adjustment of such dosage. Test for organ system dysfunction (e.g., renal, hepatic and hemopoietic) in long-term use. Treat all Group A beta hemolytic streptococcal infections for at least 10 days. Avoid giv-

ing tetracycline in conjunction with penicillin.

Adverse Reactions: (Common to all tetracyclines, including MINOCIN) GI: (with both oral and parenteral use): anorexia, nausea, light-headedness, vomiting, diarrhea, glossitis, dysphagia, enterocolitis, inflammatory lesions (with monilial overgrowth) in anogenital region. Skin: maculopapular and overgrowth) in anogenital region. Skin: maculopapular and erythematous rashes. Exfoliative dermatitis (uncommon). Photosensitivity is discussed above ("Warnings"). Renal toxicity: rise in BUN, dose-related (see "Warnings"). Hypersensitivity reactions: urticaria, angioneurotic edema, anaphylaxis, anaphylactoid purpura, pericarditis, exacerbation of systemic lupus erythematosus. When given in high doses, tetracyclines may produce brown-black microscopic discolutions of the produce of oration of thyroid glands; no abnormalities of thyroid func-tion studies are known to occur. In young infants, bulging fontanels have been reported following full therapeutic dosage, disappearing rapidly when drug was discontinued. Blood: hemolytic anemia, thrombocytopenia, neutropenia, eosinophilia.

NOTE: Concomitant therapy: Antacids containing aluminum, calcium, or magnesium impair absorption; do not give to patients taking oral minocycline. Studies to date indicate that MINOCIN is not notably influenced by foods and dairy products

*Indicated in infections due to susceptible organisms. Culture and sensitivity testing recommended. Tetracyclines are not the drugs of choice in the treatment of any staphylococcal infection.
†Case Report, Clinical Investigation Department, Lederle Laboratories.

